

**City of San Bruno – Business Licenses Division
Credit Card Authorization Payment Form**



I authorize the City of San Bruno to charge my MasterCard or Visa account as indicated below:

- Business Tax Certificate - specified amount: _____
- Permit Fees – specified amount: _____

Customer/Business Name

Address

Phone Number

Cardholder Name

Cardholder Billing Address

City

State

Zip

Credit Card Account #

Expiration Date (month/year)

Cardholder Signature

Date

Cardholder daytime phone number

Please return completed and signed authorization form to:

By fax: (650) 876-0256

Or by mail:

San Bruno Business Licenses Division

570 Linden Avenue

San Bruno, CA 94066

Phone: (650) 616-7083