DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT CREDIT CARD AUTHORIZATION FACSIMILE SHEET

CLACKAMAS	From:
	Date:
Onsite Wastewater Systems	Phone:
Program	
Phone: 503.742.4740 Email: <u>septicinfo@clackamas.us</u>	Fax:
	Number of Pages (Including Cover):
PLEASE TYPE OR PRINT LEGIBLY.	
NAME AS IT APPEARS ON CARD:	
CONTACT PHONE #:	
CONTACT EMAIL:	
CREDIT CARD NUMBER*:	
CARD EXPIRATION DATE:	
3-DIGIT SECURITY CODE* (CVVS CVC2 CID See reverse side of credit card):	
BILLING ADDRESS*:	
CITY: STATE:	ZIP CODE*:
AUTHORIZED SIGNATURE:	DATE:
I authorize Clackamas County to charge the credit card indicated above for the permits I am applying for. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on my request. I understand that Clackamas County's vendor charges a non-refundable service fee for the use of a credit/debit card and authorize the additional charge to my account.	
ADDRESS OF WORK PERMITTED:	
STATE:	ZIP CODE:
AFTER REMOVING SECURE DATA*, THIS DOCUMENT WILL BE STORED FOR 60-DAYS AFTER PROCESSING CARD.	
Address: CLACKAMAS COUNTY SEPTIC & ONSITE WASTEWATER SYSTE 150 Beavercreek Road Oregon City, OR 97045 Telephone Number: 503-742-4740 Email: <u>septicinfo@clackamas.us</u>	Hours: MS PROGRAM Office Hours: Mondays, Tuesdays & Thursdays 8am-noon & 1-4pm

Credit/debit card transactions are subject to a non-refundable vendor service fee