

**Credit Card  
Authorization Form -01C**

Santa Barbara County Air Pollution Control District  
260 N. San Antonio Road, Suite A  
Santa Barbara, CA 93110-1315

You must complete this authorization form to pay your invoice with your Credit Card. For your convenience you may bring this form to our office or you may mail it to the address listed on your invoice.

Contact your credit card company for your account status, billing problems, or declined authorization  
These issues can not be resolved by the APCD

**Type of Credit Card**

Visa                       MasterCard

**Card Number**

**Expiration Date**

**Security Code**

Cardholder Name	<input type="text"/>
Billing Address	<input type="text"/>
City	<input type="text"/>
State, Zip Code	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Authorized Signature	<input type="text"/>
Fax Number or email if receipt required	<input type="text"/>

	<b>Invoice # / Description</b>	<b>Amount</b>
<b>1</b>	<input type="text"/>	<input type="text"/>
<b>2</b>	<input type="text"/>	<input type="text"/>
<b>3</b>	<input type="text"/>	<input type="text"/>
	<b>Total Payment</b>	<input type="text"/>