



CREDIT CARD AUTHORIZATION FORM

Contractor Name: _____

Contact Person: _____

Daytime phone number: (_____) _____

Type of Card: Visa M/C

Name on the Card: _____

Account Number _____

Expiration Date ____ / ____

By signing this form, you authorize IJD Inspections Ltd.
to charge your card for the fees associated with permits.

Signed: _____ Date: _____