



CREDIT CARD AUTHORIZATION FORM

Please use this form to authorize payment by credit card for permits from the City of Coon Rapids' Inspection Division.

Send or fax this form to:

City of Coon Rapids, Inspection Division

11155 Robinson Drive

Coon Rapids, MN 55433

Fax: (763)-767-6573

For permits indicated on the attached forms, please charge our (choose from the following):

Visa _____ Mastercard _____

Account Number _____ - _____ - _____ - _____

Expiration Date (Month/Year) ____ / ____ C.V.C.# ____ (BACK OF CARD)

Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Authorized Card Holder's

Signature _____ Date _____

For more information, please call (763) 767-6476