

CREDIT CARD AUTHORIZATION
CITY OF APALACHICOLA
Building Department

DATE: _____

NAME ON CARD: _____

CARD #: _____

EXPIRATION: _____

CODE ON BACK: _____

SIGNATURE OF CARD HOLDER _____

*Please note there is a 3% additional charge for using a credit card.

*We shred this document as soon as we run the credit card.

Please email to: buildingdept@cityofapalachicola.com

1 Bay Ave
Apalachicola, FL 32320
850.653.1522