



**Town of Hilton Head Island**

843-341-4757 OFFICE

843-341-2087 FAX

Office use only- Revised: 3/2012

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Fee \_\_\_\_\_

Credit card authorization # \_\_\_\_\_

Reference # \_\_\_\_\_

**CREDIT CARD AUTHORIZATION FOR PERMIT FEE**

1. Commercial:

Residential:

Multifamily

Single Family

2. Permit type:

HVAC

Roofing

Other

3. Owner's name \_\_\_\_\_

4. Contractor's name \_\_\_\_\_

5. Job site \_\_\_\_\_

I authorize the Town of Hilton Head Island to charge the following permit fee to my credit card.

\$ \_\_\_\_\_

Discover \_\_\_ AMEX\_\_\_ MasterCard\_\_\_ Visa\_\_\_

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Security # \_\_\_\_\_

Name on card (Print) \_\_\_\_\_

Expiration date \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

This FAX is CONFIDENTIAL and intended solely for the use of the entity to whom it is addressed. If you have received this FAX in error please notify the originator of the FAX.