

CREDIT CARD PAYMENT AUTHORIZATION

Owner _____ Phone _____
 Property Address _____ Email _____
 Lot _____ Block _____ Tract _____ Original Plan _____
 Architect / Contractor / Agent _____ Phone _____ Email _____

SIGNATURE REQUIRED

This is to authorize the Palos Verdes Homes Association and Art Jury to process payment for the project submittal and services as described in this form.

For office use
Received Date _____

 HOMEOWNER'S NAME, SIGNATURE, & DATE

REASON FOR PAYMENT:

CREDIT CARD INFORMATION

PLEASE PRINT LEGIBLY

NAME ON CARD (if different from above)	
BILLING ZIP CODE	
CREDIT CARD NUMBER	
CARD EXPIRATION DATE	
CVV NUMBER (3 digit number on back of card)	

FEE AMOUNT: \$

I authorize the Palos Verdes Homes Association to charge the above amount to my credit card provided herein for the above services. I agree that I will pay this purchase in accordance with the issuing bank cardholder agreement.

 Cardholder Signature

 Date

Email completed authorization form together with project submittal and application form to:
pvha@pvha.org

Or send by mail to
PVHA & Art Jury
 320 Palos Verdes Dr. W
 Palos Verdes Estates, CA 90274