



**City of Madison
Building Department
100 Hughes Rd
Madison, Al 35758
256-772-5644**

Authorization for Automatic Credit Card Transactions

(PLEASE PRINT)

Cardholder's Name: _____ Drivers License Number: _____

Company Name or DBA: _____

City of Madison Business License Number: _____

Company Daytime Contact Number: _____

Fax number or e-mail address to return permits to: _____

Card Number: _____ Visa or MasterCard? _____

Expiration Date (MMYY): _____ Verification Code: _____

Billing Address (with zip): _____

The undersigned hereby authorizes the following person or person's to use the credit card identified herein via phone and fax for the purpose of purchasing building related permits on behalf of the contractor/company/organization.

Person's authorized to use credit card via phone or fax
(Please Print)

1. _____ Drivers License Number: _____

2. _____ Drivers License Number: _____

3. _____ Drivers License Number: _____

The City of Madison Building Department will secure this document and protect all information contained herein. We will require certain pertinent information when someone calls in and requests a permit via the phone. All permit applications must be completed and faxed/e-mailed to us. Our email address is inspections@madisonal.gov and the fax number is 866-591-8740. Once documents are faxed or e-mailed to us, you must call 256-772-5644 to schedule inspections.

Signature of Cardholder: _____ Date: _____