



Building Department
Credit Card Authorization Form

THE CITY OF ASPEN Please fax back to 970-920-5440

Date: _____

Permit Number: _____

Permit Address: _____

Description of Fees to be Charged: _____

Amount Approved: \$ _____

Type of Card: Visa MasterCard Discover

Credit Card Number: _____

Exp. Date: _____

Secure ID # (CVC code): _____

Name As It Appears On Card: _____

Credit Card Billing Address: _____ Zip: _____

Signature: _____