

**CITY OF SANTA FE SRPINGS**  
**CREDIT CARD AUTHORIZATION FORM**

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CREDIT CARD TYPE (*CHECK ONE*):   ☐ Discover   ☐ MasterCard   ☐ Visa   ☐ American Express

CARD NUMBER:   □□□□-□□□□-□□□□-□□□□

EXPIRATION DATE: □□/□□□□   CVC NUMBER: □□□   ZIP CODE: □□□□□  
Compare expiration date with rental date(s)      Staff will contact cardholder if needed

DRIVER LICENSE NUMBER □□□□□□□□   DRIVER LICENSE STATE □□

DRIVER LICENSE EXPIRATION DATE: □□/□□/□□□□

CELL PHONE: \_\_\_\_\_   ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_   CITY: \_\_\_\_\_   STATE: \_\_\_\_\_   ZIP CODE: \_\_\_\_\_

I, \_\_\_\_\_, understand and agree that I am allowing a security deposit hold on my credit/debit card for a security deposit in the amount of \$ \_\_\_\_\_ to reserve a City of Santa Fe Springs facility, (Name of Facility) \_\_\_\_\_ (Date of Rental) \_\_\_\_\_.

This security deposit hold is due at the time the facility reservation application is submitted. I understand the City of Santa Fe Springs Parks and Recreation Department will place an authorized hold on my credit/debit card in the amount listed above, and that amount will not be applied to the balance of the rental fees. In the event of damage to the facility, or if the City should incur any additional costs during the time of my rental, I agree to forfeit all or a portion of my security deposit amount. Should no additional charges be incurred, and the facility is returned in its pre-event condition, this security deposit authorization slip shall be destroyed and the hold on my credit/debit card by the City will be released. In the event the damages exceed the security deposit amount, or the credit/debit card has insufficient funds, I understand I am responsible for all costs associated with the excess fees, as well as any fees incurred from collection of those funds.

SIGNATURE OF CARDHOLDER: \_\_\_\_\_   DATE: \_\_\_\_\_

**STAFF USE ONLY**

PERMIT NUMBER: \_\_\_\_\_   RECEIPT NUMBER: \_\_\_\_\_   LOCATION TAKEN: \_\_\_\_\_

STAFF NAME: \_\_\_\_\_   STAFF INITIALS: \_\_\_\_\_   DATE: \_\_\_\_\_