



**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS**

Authorization Form

TOTAL DUE	
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Aligning Person			
COMPANY/CARD HOLDERS NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT:	PHONE NO:	FAX NO:	
E-MAIL:			

Person Authorized to Use (Not on the Card)			
NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT:	PHONE NO:	FAX NO:	

CREDIT CARD AUTHORIZATION			
CREDIT CARD NUMBER:	SELECT ONE		EXP. DATE
	VISA	MC	
NAME OF CARDHOLDER:	AUTHORIZATION CODE (DPW USE ONLY)		
CARDHOLDER SIGNATURE:	CLERK ID	DATE	TIME
ADDITIONAL PERSON SIGNATURE:	CLERK ID	DATE	TIME