

**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)	
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](mailto:pvha@pvha.org)

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