

**CITY OF FOSTER CITY  
COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING INSPECTION DIVISION**

**CREDIT CARD PAYMENT REQUEST**

**Application Number:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

|  |   |
|--|---|
| Card Holder Name                         |   |
| Telephone Number (home)                  | Telephone Number (work)   |
| Card Billing Address                     |   |
| Account Number ( Visa    MasterCard    ) |   |
| Expiration Date (MM-YR)                  | Verification Code<br>(last 3 digits at the back of the credit card) |

**FAX COMPLETED FORM TO (650) 286-3589 or E-MAIL TO [building@fostercity.org](mailto:building@fostercity.org)**