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County Clerk-Recorder

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## OFFICE OF THE SANTA BARBARA COUNTY CLERK-RECORDER

### CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD/DISCOVER ONLY – NO AMERICAN EXPRESS

**Applicant Name:** \_\_\_\_\_

**Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**Cardholder Name (as it appears on card):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cardholder Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Last four digits of Credit Card:** \_\_\_\_\_ **Exp Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

***We do not accept credit card information by email or telephone. Please mail or fax this form to contacts above.***

*Note: Although credit cards are acceptable for fees, we do not accept credit cards for payment of Documentary Transfer Tax. The acceptance of credit cards is extended as a convenience for small denominations in value. The County incurs costs associated with credit card use and does not have a fee structure in place to recover the significant costs associated with taxes. Thank you for your cooperation.*

THE TOP PORTION OF THIS FORM WILL BE KEPT IN A LOCKED FILE FOR SIX MONTHS FROM DATE OF SERVICE, WITH LIMITED CUSTODIANS HAVING ACCESS. FORMS ARE NOT TRANSPORTED TO OTHER LOCATIONS. ANY DISPUTED CHARGES MADE IN CONJUNCTION WITH THIS REQUEST AFTER SIX MONTHS ARE SUBJECT TO MANAGEMENT DISCRETION .

Office use only  
Receipt # \_\_\_\_\_

FOR YOUR PROTECTION, THE BOTTOM PORTION OF THIS FORM WILL BE REMOVED AND CRISS-CROSS SHREDDED AFTER YOUR REQUEST IS PROCESSED.

**Credit Card Number (Visa/MasterCard/Discover):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_