

Credit Card Authorization Form

Email: recreation@mountainview.gov Fax (650) 962-1069

Authorization	
l,	, authorize the City of Mountain View Recreation Division to
charge my credit card below.	
Payment	
Amount to Charge Credit Card \$	
Credit Card Type: ☐ Visa ☐ MasterCa	ard Discover D American Express
Credit Card #	Exp. Date/ CVV#
Name as it appears on Credit Card	Cardholder Signature X
Reference	
Please select the reference of charge:	
☐ Class Transfer/Withdrawal ☐ Facility	Reservation (Adobe, Senior Center, Community Center, BBQ)
☐ Gym Rental ☐ Field R	ental
☐ General Use Permit	
☐ Fingerprint Packet—Contractor Name:	
Please list instructor name(s):	
☐ Other	
Submit Form	

Submit this form by one of the following methods:

Email - recreation@mountainview.gov

Fax - (650) 962-1069

In-Person – Community Center, 201 South Rengstorff Avenue, Mountain View, CA 94040

If you have questions about this Credit Card Authorization Form, please give us a call at (650) 903-6331 or send an e-mail to recreation@mountainview.gov.