

**CITY OF CHICAGO
CHICAGO FILM OFFICE
PERMIT CREDIT CARD PAYMENT AUTHORIZATION FORM**

PLEASE PRINT CLEARLY AND USE BLACK INK:

Credit card information provided below is for **(CHECK ONE):****

Yes, fax permits will be submitted in the future and the Chicago Film Office has authorization to maintain the credit card information listed below for processing the automatic payment of film permits. (continual use)

Yes, fax permits will continue to be submitted in the future but our organization chooses to fax a Credit Card Authorization Form with each film permit. (one-time use)

Credit Card Number: _____

Expiration Date: ____/____/____

Please check one: Visa MasterCard Discover AMEX

Signature of card holder: _____

Print Name as it appears on Credit Card:

Company Name:

After completing this form, please fax to 312-744-1378 and mail original to:

Chicago Film Office
121 N. LaSalle
Room 806
Chicago, IL 60602

Please do not use a credit card that restricts cash advances – as that is how the payment will show up on your statement*