



# MIAMI BEACH

**Credit card holder must provide a VERY legible copy of their credit card, front and back, and government issued identification along with this form (if not completed as stated above your payment will NOT be processed).**

DATE: \_\_\_\_\_

Event ID#: \_\_\_\_\_

TOTAL PAYMENT: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_  
(Visa, Mastercard, or American Express only)

CREDIT CARD NUMBER: \_\_\_\_\_

FULL NAME ON CARD: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

COMPANY  
REQUESTING SERVICE: \_\_\_\_\_

PURPOSE OF PAYMENT: \_\_\_\_\_ SPECIAL EVENTS FEES

CARDHOLDER'S  
SIGNATURE: \_\_\_\_\_

**Please email this form with attachments to:**

**Linette Nodarse at [Lnodarse@miamibeachfl.gov](mailto:Lnodarse@miamibeachfl.gov) - fax: 786-394-4558**

**or to**

**Graham Winick at [Gwinick@miamibeachfl.gov](mailto:Gwinick@miamibeachfl.gov) - fax: 786-394-4561**