



P.O. Drawer 400 2665 San Angelo  
Ingleside, TX 78362  
Phone: 361-776-3815 Fax: 361-776-1027

### CREDIT CARD PAYMENT AUTHORIZATION FORM

Permit #: \_\_\_\_\_

*\*All credit/debit card transactions will be charged a 5% convenience fee.*

#### Card Holder Information

Name of Card Holder: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

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*UNAUTHORIZED CHARGES OR REVOKED CHARGES BY YOUR CREDIT CARD COMPANY WILL RESULT IN THE IMMEDIATE REVOCATION OF THE PERMIT UNTIL PAYMENT IN FULL IS RECEIVED.*

#### Payment Information

\_\_\_\_\_ VISA                      \_\_\_\_\_ MASTERCARD

Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit Security Number on Back on Card: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
APPROVED: _____	DATE: _____	TOTAL CHARGE: _____