CITY OF ALLEN

BUILDING INSPECTIONS

Credit Card Payment Authorization Form

Date: _____

CONTACT INFORMATION (Representative Submitting Payment):

First Name: _____ **Last Name:** _____

Phone Number: (_____) - _____ - _____

PAYMENT INFO:

☐ VISA ☐ MasterCard

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ /_____ **3 Digit Security Code:** _____

Billing Address: _____ **Zip Code:** _____

Name on Card: _____

Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

REGISTRATION (S), ADDRESS (ES) and/or PERMIT (S) TO BE PAID:

- _____
- _____
- _____
- _____
- _____

OFFICE USE ONLY:

Total Amount to be Charged: $ _____

NOTE: This document WILL BE SHREDDED once your payment has been processed. Thank you!