



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

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: _____

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: _____

OFFICE USE ONLY		
APPROVED: _____	DATE: _____	TOTAL CHARGE: _____