

Stewart Facility 107 Jacobsen Way Carson City, NV 89711 (775) 684-7501 • Fax (775) 684-7518

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the State Fire Marshal Division to make a one- time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I(full name)	authorize the State	Fire Marshal Divisio	ו to charge my credit
card indicated below for(a	on or after mount)	(date)	This payment is for
(description of goods/services))		
Billing Address		Phone#	
City, State, Zip		Email	
SIGNATURE		DATE	
I authorize the above-named business to a above. This payment authorization is for th one time use only. I certify that I am an aut company; so long as the transaction corresp	e goods/services described at horized user of this credit card	ove, for the amount indicat and that I will not dispute tl	ed above only, and is valid for
Account Type: 🗌 Visa	MasterCard [Discover	
Cardholder Name			
Account Number			
Expiration Date			
Card Verification #			
"Please be advised that as of April 12, 2019, customers paying invoices or fees with a credit card will be charged a <u>non-refundable</u> card payment processing fee of 3.25% by our payment processor. There will be no additional charge for checks or money orders."			