

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	e Fire Marshal Divisio	n to charge my credit
card indicated below for(a		(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 c 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 a horized user of this credit ca	above, for the amount indica rd and that I will not dispute t	ted 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, <u>non-refundable</u> card payment processi charge for checks or money orders."			