



## Credit Card Payment Information

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***It is the policy of the Department of Buildings & Regulatory Compliance to NOT retain credit card information. This form must be destroyed after the payment has been processed.***

Date \_\_\_\_\_

Account Type:  Visa  MasterCard  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV2 \_\_\_\_\_

Billing Zip \_\_\_\_\_

Invoice No. \_\_\_\_\_ Payment Amount \_\_\_\_\_

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