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**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: \_\_\_\_\_

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*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: \_\_\_\_\_