

There is an additional 3% fee added to all credit card transactions.



CHATHAM COUNTY ENVIRONMENTAL HEALTH
P O BOX 130
PITTSBORO, NC 27312
PHONE: 919-545-8460 FAX: 919-542-8288

This form authorizes payment by credit card for monetary transactions by Chatham County Environmental Health.
This form may be faxed, mailed, e-mailed or hand delivered.

Credit Card Authorization Form

I, _____, hereby authorize Chatham County, to charge my credit card account in the amount not to exceed: \$_____.

VISA MasterCard Discover Note: No other cards are accepted

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

Telephone: _____

Fax: _____ (In order to have permit faxed back please include)

Last four digits of credit card: _____

As the credit card holder, I hereby authorize the charge for the attached permit application.

Cardholder's Signature

Date

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. Chatham County will keep all credit card information confidential.

THIS SECTION WILL BE SHREDDED

Credit Card Number: _____

Expiration Date: _____

CVV _____

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