COMPLETE THIS FORM ONLY IF PAYING BY CREDIT CARD FOR ASSESSMENT SEARCH

Credit Card Information (*Please Print*)

_____ (___) _____
Cardholder's Name as it appears on the card *Phone number*

_____/_____/_____/_____ _____/_____
Credit card number *Expiration Date (Month/Year)*

_____ $_____ _____
Property Address *Amount to be charged* *Credit Card Billing Zip Code*

ALL CREDIT CARD TRANSACTIONS WILL INCUR A CONVENIENCE FEE OF 3% OR $2.00 minimum. BY SIGNING THIS FORM YOU ARE AUTHORIZING THIS TRANSACTION. PAYMENT WILL NOT BE PROCESSED WITHOUT A SIGNATURE

Card holder's signature: _____