



Rock Community Fire Protection District

3749 Telegraph Rd.

Arnold, Mo 63010

Phone 636-296-2211 ext 700 Fax 636-467-5734

Email tberg@rockfire-rescue.org

Credit Card Transaction

Card Type: Mastercard Visa (please circle one)

Total Amount: _____ (\$3.00 transaction fee up to and including \$100.00, 4% for \$101.00 and above).

Credit Card Number: _____ 3- or 4-digit code: _____

Expiration Date: _____

Customer Name (as the card reads): _____

Street Address (billing address): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
 Area code + number

Tax: We are tax exempt. *No tax,*

Transaction Origin: *Telephone Order*

Transaction Type: *Permit fee*

Transaction Fee: *\$3.00 or 4% If above \$101.00 permit fee*

Fill out this form entirely and email or fax it back with your completed application. The receipt for the transaction will be emailed to the address on the credit card form unless otherwise instructed. Please call if you have questions.