



3749 Telegraph Rd.
Arnold, MO 63010
636-296-2211 phone x700
636-467-5734 fax
tberg@rockfire-rescue.org email

Credit Card Transaction

Card Type: Mastercard or Visa (please circle one)

Total Amount: _____ (\$2.00 transaction fee up to and including \$100.00. 4% for \$101.00)

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Customer Name (as card reads): _____

Street Address (billing address): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
 Area Code + Number

Tax: We are tax exempt. No tax charged

Transaction Origin: Telephone order

Transaction Type: Permit fee

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

J: Credit card sale