



CREDIT CARD CHARGE REQUEST

State Form 52371 (R3 / 5-16)
Approved by State Board of Accounts, 2016

DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
DIVISION OF ELEVATORS / AMUSEMENTS
302 West Washington Street, Room E241
Indianapolis, IN 46204
Telephone: (317) 234-8930
Fax: (317) 232-6609
E-mail: rides@dhs.in.gov



- INSTRUCTIONS:**
1. Credit cards are accepted for payment.
 2. There will be a convenience fee of 2.25%.
 3. Please print this form and fax it to 317-232-6609.

Name (first, last)	
Name of company	Telephone number ()
Billing address (number and street, city, state, and ZIP code)	

CREDIT CARD INFORMATION	
Type of credit card (Please check one only.) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
Account number	Expiration date (month/year)
CVV2 Number (Last three (3) digits of the number in the signature block on the back of the card.)	

STATE NUMBER	AMOUNT PAID
TOTAL AMOUNT TO BE CHARGED	

By signing this form, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.	
Signature	Date of signature (month, day, year)

FOR OFFICE USE ONLY		
License / permit number	Fee identification number	Date received (month, day, year)