# CREDIT CARD CHARGE REQUEST

State Form 53426 (R / 11-10)
Approved by State Board of Accounts, 2010

**INDIANA DEPARTMENT OF HOMELAND SECURITY**
**DIVISION OF FIRE AND BUILDING SAFETY**
**FIRE AND BUILDING CODE ENFORCEMENT**
302 W. Washington Street, Room E241
Indianapolis, IN 46204
Telephone: (317) 232-2222
Fax: (317) 233-0307

*INSTRUCTIONS:*
1. *Check appropriate box.*
2. *Form must be completey filled out.*
3. *Fax completed form to the fax number listed above.*

Type of card

☐ Personal Credit Card ☐ Corporate Credit Card

**INFORMATION ABOUT THE INDIVIDUAL**
**(*To be completed only if Personal Credit Card is checked*)**

Name (*first, middle initial, last*)

**INFORMATION ABOUT THE CORPORATION**
**(*To be completed only if Corporate Credit Card is checked*)**

Name of company

Billing address of company (*number and street/P.O. box, city, state, and ZIP code*)

Telephone number

( )

**CREDIT CARD INFORMATION**
***There will be a convenience fee of 2.25%.***

Type of credit card

☐ Master Card ☐ American Express ☐ Discover

| Account number | CVV2 number |
|---|---|
| | |

| Expiration date (*month, day, year*) | Amount to be charged |
|---|---|
| | |

**AFFIRMATION**

By signing this form, card member agrees to the obligations set forth by the Card Member's Agreement with the card issuer.

| Signature of card member | Date signed (*month, day, year*) |
|---|---|
| | |

**FOR OFFICE USE ONLY**

| Certificate number | Fee identification number | Date received stamp (*month, day, year*) |
|---|---|---|
| | | |