



OFFICE USE ONLY Application No: _____

Amount: \$ _____ Receipt Type: _____

Receipt No: _____ Date: _____

DO NOT SCAN – TO BE DESTROYED

PAYMENT BY CREDIT CARD

Name: _____

Company: _____

Postal Address: _____

Contact Number: _____ Email: _____

Property Address: _____

Description of Payment: _____

i.e. Rates, Permit Application, Invoice

Please charge my credit card for the amount of: \$ _____

Amount in words: _____

CREDIT CARD DETAILS

Name on Card: _____

Credit Card No:

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Amex Mastercard Visa Card Expiry Date: _____ CIV: _____

Signature: _____

PLEASE PLACE THIS FORM AT FRONT OF YOUR APPLICATION/DOCUMENTS

Note: This form will be destroyed upon completion of payment process

