

**City of Fort Worth, Texas
Planning and Development Department
Alarms Unit**

Credit Card Payment Form

If paying with a credit card, complete the requested information below and fax to (817)392-1413. If renewing a permit or requesting a new permit, the renewal form or Alarm Permit Application form must also be submitted. **Forms must be complete and legible with a valid signature for processing.**

Date: _____

Customer Name _____ Contact # _____

Permit Number _____ Address _____
(If permit has been issued)

Credit card Billing address _____

Payment amount \$ _____

Payment for (Please check one only):

____ **Permit fee** ____ **False Alarm Service fee** ____ Miscell. ()

*******Separate payment is required for each transaction*******

Payment Method: ____ **MASTERCARD** ____ **VISA**
 ____ **DISCOVER** ____ **AMERICAN EXPRESS**

_____ Expiration Date: _____

CVS CODE # _____

*For your protection, do not email credit card information

Cardholder's Name: _____

Signature _____

FOR OFFICE USE ONLY

Staff Initials: _____