



Credit Card Payment Request

Please **fully complete** and **SIGN** this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

Name of Credit Card Holder as it appears on the credit card:

_____ First

_____ Middle

_____ Last

Billing Address:

_____ Street Address

_____ City & State

_____ Zip Code

Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://www.kalcounty.com/eh/licenses.htm>. Costs for services can also be obtained by contacting Environmental Health Unit staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____

Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

_____ This shaded area is for office use only. _____

____ Phone ____ Mail EH Staff Initials _____ Date _____
Authorization # _____ Dollar Amount \$ _____

Credit Card Number: _____

V-Code: ____ The V-Code is the last 3 digits on the signature panel.

Expiration Date (Month & Year): ____ / ____ MC ____ Visa ____

Discover ____ AmEx ____

Environmental Health Unit Phone: (269) 373-5210
Web: www.kalcounty.com/eh