

Credit Card Authorization Form

LICENSE \ BLENF CASE #: _____

Business Name: _____

Payment Information:

☐ License Fee ** \$ _____ Date Due: _____

**If license fees due are based on your gross revenue/sales, enter your gross revenue/sales here: \$ _____

☐ Duplicate license (will be sent to owner of record) \$ 5.00 \$ _____

☐ Processing fee \$50.00 \$ _____

☐ Home occupation permit fee \$50.00 \$ _____

☐ Reinstatement fee for expired license \$50.00 \$ _____

☐ BLENF Civil Fine \$ _____

☐ BLENF Re-Inspection fee \$ _____

☐ Other _____ \$ _____

Total Credit Card Charge \$ _____

Type of Credit Card (check one): ☐ Visa ☐ Mastercard ☐ Discover

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card: _____

Authorized Signature: _____

Phone #: _____ E-mail Address: _____

This authorization is only applicable for a **one-time** charge. This form and all credit card information will be shredded once payment is posted. Missing information may prevent processing of this payment. Payments received after 4:00 p.m. will be processed the next business day. Customer Service hours are Monday - Thursday 7:00 a.m. to 5:00 p.m.

FAX TO: (702) 382-6642

DO NOT E-MAIL THIS FORM