MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

CREDIT CARD CHARGE REQUEST FORM
BOILER DIVISION

First Name_____ Middle Initial _____ Last Name _____

Company Name_____

Billing Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Credit Card Issuer: (Please Circle One) American Express Mastercard Discover Visa

Account Number_____

Expiration Date _____(MM/YYYY)

CVV2 Number _____(Last 3 Digits on the Back of the Credit Card)

Indiana Number	Amount Paid
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Paid	0

Please Mark Appropriate Box Below:	
☐	Invoices
☐	Commission Fee
☐	Duplicate Certificates*
☐	Miscellaneous

***Duplicate Certificates**
If requesting a duplicate, please verify the address to which the Certificate of Inspection should be mailed/emailed:

Please be aware as well that a courtesy charge of 2.25% will be added to the amount of this transaction as required by your credit card issuer.

By signing this form, the cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.

Signature_____

Please print this form and FAX to (317) 233-0401
For security purposes, do not email the complete form, or fax it to any other number to any other number than the one shown above. ***Please keep a copy of this completed form for your records.***