



CREDIT CARD CHARGE REQUEST

State Form 52371 (R2 / 5-11)

Approved by State Board of Accounts, 2010

ELEVATOR/AMUSEMENT DIVISION
DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street, Room W246
Indianapolis, IN 46204



- INSTRUCTIONS:**
- 1) Credit cards are accepted for payment.
 - 2) There will be a convenience fee of 2.25%.
 - 3) Please print this form and fax it to 317-233-0401.

Name (first, last)	
Name of company	Telephone number ()
Billing address (number and street, city, state, and ZIP code)	

CREDIT CARD INFORMATION		
Credit card type (please check one only)		
<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card
Account number	Date of expiration (month, year)	CVV2 number *

* This number is the last three digits of the number in the signature panel on the back of the credit card.

STATE NUMBER	AMOUNT PAID
TOTAL AMOUNT TO BE CHARGED	

By signing this form, card member agrees to the obligations set forth by the Card member's Agreement with the issuer.	
Signature	Date of signature (month, day, year)