

Rock Community Fire Protection District

3749 Telegraph Rd.
Arnold, MO 63010
Phone 636-296-2211 Fax 636-467-5734
Email tberg@rockfire-rescue.org

Credit Card Transaction

Card Type: Mastercard Visa (please circle one)

Total Amount: _____ (there is a \$2.00 transaction fee added to the permit fee)

Credit Card Number: _____ 3 digit code ___ _ _

Expiration Date: _____

Customer Name (as the card reads): _____

Street Address (billing address): _____

City: _____ State: _____ Zip: _____

Phone: _____
 Area code + number

Tax: We are tax exempt. No tax.
Transaction Origin: Telephone Order
Transaction Type: Permit fee
Transaction Fee: \$2.00

Fill out this form entirely and fax it back with your completed application. The receipt for the transaction will be mailed to the name and address on the credit card form unless otherwise instructed. Please call if you have questions.

J: Form credit card sale