



# TRINITY COUNTY

**Shanna S. White**

County Clerk/Recorder/Assessor

## Credit Card Authorization

The Trinity County Clerk/Recorder/Assessor accepts American Express, Discover, MasterCard and Visa for payment of fees. To pay fees using a credit card, simply complete and sign this form then submit via e-mail or fax. Once your transaction is complete, we will securely destroy your payment form.

VitalChek, Trinity County's credit card vendor, charges a \$2.50 service fee to use this service, separate from the primary fees.

Customer Name provided at Checkout \_\_\_\_\_

Date & Time Submitted \_\_\_\_\_ Total \$ \_\_\_\_\_

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### CREDIT CARD INFORMATION

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NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS (*Street or PO Box*): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

E-MAIL (*OPTIONAL*): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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UPON APPROVAL OF THE CHARGES BY YOUR CREDIT CARD COMPANY, YOUR CREDIT CARD INFO BELOW WILL BE SHREDDED.

Please charge to the following credit card:

Visa  MasterCard  Discover

*(If preferred, you may call-in your credit card number information)*

Credit Card No.: \_\_\_\_\_

Expiration Date: (*mm/yy*) \_\_\_\_\_ CVC Number \_\_\_\_\_