



CREDIT CARD TRANSACTION AUTHORIZATION FOR ONE-TIME TRANSACTIONS

INSTRUCTIONS: Print or type entries clearly. Carefully read and complete the entire authorization form. Mail the completed form to the appropriate Land and Water Management Division office that you are authorizing to charge your account. For security purposes, do not e-mail or fax this form. If you have questions about completing this form, call the phone number provided by the Land and Water Management Division office you are authorizing to charge your account.

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|--|---|
| TYPE OF CREDIT CARD | <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER |
| CREDIT CARD HOLDER NAME (as it appears on the card) | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| TELEPHONE NUMBER | () ext |
| E-MAIL ADDRESS (optional) | |
| CARD HOLDER SIGNATURE | |
| TOTAL AMOUNT TO BE CHARGED | |
| CREDIT CARD NUMBER | |
| CVV2 (this is a 3 digit number on the back of the credit card) | |
| EXPIRATION DATE | |

RETAIN A COPY FOR YOUR RECORDS

STATE OF MICHIGAN USE ONLY

| | | |
|-------------------------|--|------|
| PERMIT FILE NUMBER (S) | | AOBJ |
| PERMIT FILE NUMBER (S) | | AOBJ |
| PERMIT FILE NUMBER (S) | | AOBJ |
| RECEIVED BY | | |
| DATE RECEIVED | | |
| RESUBMISSION OF PAYMENT | <input type="checkbox"/> YES <input type="checkbox"/> NO | |