



# CREDIT CARD PAYMENT FORM

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PHONE     MAIL     FAX     EMAIL

- MASTERCARD  
 VISA  
 DISCOVER

CARD NUMBER

EXPIRATION DATE (MM/YY):

√	<i>TRANSACTION TYPE</i>	<i>AMOUNT</i>	<i>REF # OFFICE USE ONLY</i>
	HOUSING INSPECTION	\$ 100	
	APT INSPECTION	\$ 30	
	PERMIT		
	ESCROW DEPOSIT		
	LICENSE		

### *NAME AND ADDRESS ON THE CREDIT CARD BILLING STATEMENT*

NAME ON CARD	
STREET ADDRESS	
CITY/STATE	ZIP

CARDHOLDER SIGNATURE (IF MAILED/EMAILED/FAXED) <b>X</b>	
EMAIL ADDRESS:	DATE
DAYTIME PHONE NUMBER	