



BAY AREA  
AIR QUALITY  
MANAGEMENT  
DISTRICT

**CREDIT CARD PAYMENT FORM**  
(District accepts Visa and Mastercard ONLY)

**For General Purpose Use Only**

Violation Notice #  NOV# _____ _____ Subscription Items: _____ _____ Other item(s): _____	Amount Paid \$  Invoice # _____ _____ Amount Paid \$ _____ Amount Paid \$ _____ _____
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**CREDIT CARD INFORMATION**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

CVV2 Code (3 digit code on reverse side of card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

**FOR ADMIN USE ONLY:**

Authorization # \_\_\_\_\_

Date: \_\_\_\_\_ Initial/Signature \_\_\_\_\_