



GARAGE SALE INFORMATION

Customer Name _____

Street Address _____

Start Date: _____

End Date: _____

CREDIT CARD INFORMATION

DATE: _____

AMOUNT: _____

Charge: Master Card [☑]

VISA [☑]

Name on Card: _____

Card Number: _____ Expiration Date: _____

CCV #(3 numbers on back): _____ Zip Code on Card: _____

Signature authorizing payment: _____

**BY SIGNING THIS FORM, YOU ARE AUTHORIZING THE
City of North Richland Hills TO PROCESS A CREDIT CARD
PAYMENT FOR PERMIT ISSUANCE.**

FAX TO 817-427-6303