

**TRUST LAND OFFICE OVER THE COUNTER SALE
CREDIT CARD VOUCHER FORM**

NOTICE

THIS PAGE CONTAINS PERSONAL INFORMATION AND WILL BE DESTROYED IMMEDIATELY AFTER CREDIT CARD PAYMENT IS PROCESSED.

MHT #

Parcel #

Purchaser # 1

Date of Birth #1

Purchaser # 2

Date of Birth #2

Check One

Visa

Mastercard

Credit Card Number:

note: numbers only, no dashes

Customer Name on Card: _____

Expiration Date: _____

note: mm/yyyy

Verification Code: _____

Amount of Charge: \$ _____

Billing Address

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Signature: _____

Contact Phone Number: _____