

# TRUST LAND OFFICE OVER THE COUNTER SALE PAYMENT VOUCHER FORM

## NOTICE

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

MHT #

Parcel #

Purchaser # 1, Full Legal Name (Required)

Date of Birth #1 (Required)

Purchaser # 2, Full Legal Name (Required)

Date of Birth #2 (Required)

### Payment Method (choose one below)

☐ Visa

☐ Mastercard

☐ Check Number: \_\_\_\_\_

## PLEASE NOTE

IF YOU ARE SUBMITTING THE FORM VIA EMAIL, KINDLY WRITE "PLEASE CALL FOR CC NUMBER" IN THE CREDIT CARD NUMBER BOX BELOW TO ENSURE THE PROTECTION OF YOUR FINACNCIAL DATA.

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: \_\_\_\_\_