

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 FINANCIAL 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: _____