



**Building Inspections
Credit Card Authorization Form**

Contact Information:

Company Name: _____

First Name: _____

Last Name: _____

Phone Number: _____

Payment Info:

- Visa
- Mastercard

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Billing Zip Code: _____

******By submitting this credit card authorization form, I give the Town of Fairview permission to charge the credit card information above for permits submitted by the company. ******

Signature: _____ Date: _____

Please submit this authorization form by email, fax, in person, or by mail to the following information:

Email: permits@fairviewtexas.org

Fax: 972-548-0268

Mail/In Person: Town of Fairview

Att: Building Inspections Department

372 Town Place

Fairview, Texas 75069