Department of Commerce
Division of State Fire Marshal

Pay By Credit Card Form

Please return this form along with your credential renewal application to our office by mail or fax to:

Division of State Fire Marshal
8895 East Main Street
Reynoldsburg, OH 43068
Fax: 614-995-4206

If your expiration date has passed you will be charged a 10% late fee
Thank You for your Business

Credential ID Number: ____.____._____

Visa or MasterCard Payments Only

Name on Card: _____

Card Number: __ __ __ __ __- __ __ __ __-__ __ __ __ __- __ __ __ __

Expiration Date: _____ **Billing Zip Code:** _____

Security Code (3 digits on back of Card: _____

I authorize payment to be taken from the above mentioned account.

Signature _____ **Date** _____