



PAY BY CREDIT CARD

- ✓ PRINT FORM
- ✓ COMPLETE FORM
- ✓ MAIL OR FAX TO:

DIVISION OF STATE FIRE MARSHAL
FISCAL
8895 EAST MAIN STREET
REYNOLDSBURG, OHIO 43068
RETURN FAX 614-995-4206

REGISTRATION INFORMATION:

- | | | |
|--|--|--|
| <input type="checkbox"/> HOTEL/MOTEL | <input type="checkbox"/> FIREWORKS EXHIBITOR | <input type="checkbox"/> 53 - COMPANY |
| <input type="checkbox"/> 54 - INDIVIDUAL | <input type="checkbox"/> EXPLOSIVE MAGAZINES | <input type="checkbox"/> PROVISIONAL |
| <input type="checkbox"/> UST INSTALLER | <input type="checkbox"/> UST INSPECTOR | <input type="checkbox"/> FLAME EFFECTS |
| <input type="checkbox"/> UST PERMIT/REGISTRATION | <input type="checkbox"/> CIGARETTES | |

PAYMENT INFORMATION:

- VISA MASTERCARD

CUSTOMER ID / INVOICE NUMBER: _____
CUSTOMER NAME: _____
AMOUNT TO BE CHARGED: _____

NAME ON CARD: _____
CARD NUMBER: _____
EXP DATE: _____
ZIP CODE OF CARD HOLDER _____
SECURITY CODE: (3 DIGITS ON BACK OF CARD) _____

I AUTHORIZE PAYMENT TO BE TAKEN FROM THE ABOVE-MENTIONED ACCOUNT.

SIGNATURE _____ DATE _____