



Contra Costa Environmental Health
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CREDIT CARD PAYMENTS

SITE ADDRESS:
FACILITY NAME:
CARD HOLDER MAILING ADDRESS:
REASON/PURPOSE FOR PAYMENT:

CHECK ONE: MASTERCARD VISA DISCOVER

(NOTE: \$30.00 MINIMUM ON CREDIT CARD PAYMENTS)

NAME OF PAYOR:	PHONE #: ()
CREDIT CARD #: 3 DIGIT CODE ON BACK OF CARD:	EXP. DATE:
AMOUNT PAID #:	AMOUNT DUE:

Signature

Print Name

Date

OFFICE USE ONLY		
PAYMENT INFO RECEIVED: <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> Walk-in		
RECEIPT NUMBER:	FA NUMBER:	PR#
INFORMATION TAKEN BY:	DATE:	
PROCESSED BY:	DATE:	