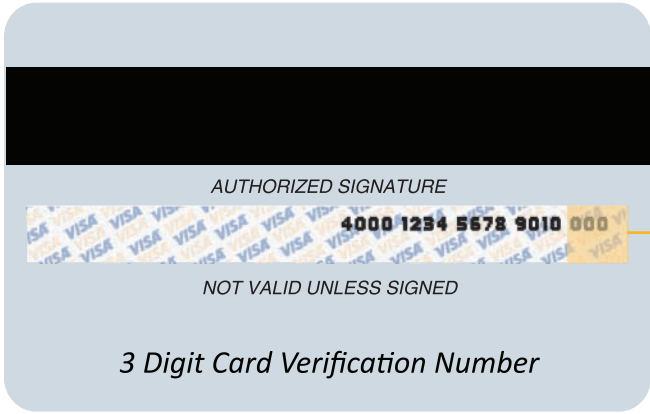


Southwest Regional Tax Bureau

Credit Card Payment Form

Name	First	Middle	Last
Address		City	State Zip
Telephone #		E-mail Address	
Credit Card #		Expiration Date	Security Code

Amount Due	
Amount Due	
Amount Due	
\$3.00 per \$100.00 charge	
Total	



I	Please Print Name	I consent to the convenience fee.
Signature		Date

Credit Card Payment Form Instructions

1. Please make sure all field are filled out completely.
2. Please return this form via mail to: **Southwest Regional Tax Bureau**
1 Centennial Way, Scottsdale, PA 15683

We Accept

