COLORADO
Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

AUTHORIZATION TO CHARGE A CREDIT CARD

Date: _____

Customer Information

Company/Individual Name: _____

Company/Individual Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Name and Telephone number of person calling _____

Fax number_____Email Address _____

Payment Information

Payment Amount: $_____

Payment is for (eg: Site or name for APEN or Asbestos permit/certification etc.)

_____
_____
_____

Printed Name of Person On Card: _____

Cardholder Signature: _____

Credit Card Number (Only if called/sent in or if magnetic strip doesn't work)

_____

Expiration Date: _____ 3-digit Code: _____

(for office use only)

Type of Fee (Circle):

Asb Permit Asb Demo Asb Cert/Class Ld Permit Ld Cert APEN/GP CEC Forms