



2000 Forest Ridge Dr
 Bedford, Tx 76021
 Phone: 817-952-2140
 Fax: 817-952-2211

Credit Card Payment Form

Enter all credit card information including the payment amount to be charged to your credit card and remember to sign the form. The City of Bedford cannot process an incomplete form or process credit card payments without an authorized signature.

The City of Bedford does not accept debit cards or check cards that require use of a personal identification number as a method of payment.

Address information is required for credit card payment as a means of verification. Failure to complete the address information may result in the payment not being accepted by your credit card institution.

The City of Bedford requires using this form only for credit card payments submitted by mail or facsimile. To protect your credit card information, use only this form.

Credit Card Information must include the 3 digit security code on the back of the credit card: example:



If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form or submits this form via fax, the City of Bedford will not be liable in the event that the credit card number becomes public knowledge.

Once filled out, this form can be printed out and faxed to 817-952-2211 or mailed to City of Bedford, Attn: Permits Processing, 2000 Forest Ridge Dr, Bldg B, Bedford TX 76021.

Credit Card Information												
Credit Card Type	<input type="checkbox"/> Visa						<input type="checkbox"/> MasterCard					
Credit Card Account #												
Expiration Date: (mm/yy)			/									
3 Digit Code: (on back of card)												
Name as it Appears on Card												
Company Name												
Payment Amount: \$\$ (US Dollars)							.					
Credit Card Billing Address												
Street Address 1												
Street Address 2												
City												
State												
Zip							-					
Daytime Phone												
Fax												
Email Address												
Payment Authorization												
<p>I authorize The City of Bedford to charge my credit card account for payment of permits, inspections, contractor registration or any associated fees with the City of Bedford and to verify the billing address of my Credit Card with the issuing bank upon my signature. If The City of Bedford is unable to process my payment, I will be responsible for an alternate payment arrangement and any penalty fee which results. The City of Bedford will not retain any credit card information. After the authorized transaction is complete, this document will be shredded and destroyed. By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.</p>												
Card Holders (signature):										Date:		



Phone (817) 952-2140
Fax (817) 952-2211
Inspection request Line (817) 952-2155

Permit # _____
Office Use

PERMIT SIGNATURE FORM

Fax or Mail

Company Name: _____

In order for the City of Bedford to successfully process your permit by fax or mail, please acknowledge the information below, print name and provide signature and date.

Provided your permit application is approved, this signature form shall be authorization to obtain a permit(s) by the property owner, contractor or authorized agent. I understand that upon approval of the permit application, the permit(s) obtained pursuant to this signature form will be in my name and that I am acting as the property owner; contractor or authorized agent for this project.

This Permit Signature Form shall serve as acknowledgement and receipt of the permit and will be attached to the permit issued. I accept full responsibility for the work performed.

Name: _____
(Print)

Name: _____ Date: _____
(Signature)