

**TRUST LAND OFFICE OVER THE COUNTER SALE  
CREDIT CARD VOUCHER FORM**

**NOTICE**

THIS PAGE CONTAINS PERSONAL INFORMATION AND WILL BE DESTROYED IMMEDIATELY AFTER CREDIT CARD PAYMENT IS PROCESSED.

MHT #

Parcel #

Purchaser # 1

Date of Birth #1

Purchaser # 2

Date of Birth #2

Check One       Visa       Mastercard

Credit Card Number:

*note: numbers only, no dashes*

Customer Name on Card:

Expiration Date:

*note: mm/yyyy*

Verification Code:

Amount of Charge: \$

**Billing Address**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Signature:

Contact Phone Number: