

CREDIT CARD PAYMENT

The credit card information on this form will only be used for processing this one-time notification payment. After the credit card transaction has been successfully completed, this form will be shredded.

- Notification fees may be paid by Visa or MasterCard.
- Complete the information below.
- Attach a copy of your notice invoice printed from the Asbestos Renovation Demolition Notification (ARDN) database.
- Submit by fax to the Lead and Asbestos Section at 608-266-9711, or scan and submit by email to: dhsasbestoslead@wi.gov.

Asbestos Abatement Company	DHS Company Number
	Amount Authorized for Payment
	\$

CREDIT CARD HOLDER INFORMATION

Name (exactly as it appears on the credit card)

If corporate credit card, company name

Cardholder Address:

Telephone Number (Include area code)	E-mail (Required for transaction confirmation email)
Credit Card Number	Expiration Date

SIGNATURE – Authorized Person	Date Signed
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