

**STOKES COUNTY**  
Credit Card Payment Form

**Check Payments**

**Mail To:**

Stokes County Environmental Health  
Billie Young  
PO Box 187  
Danbury, NC 27016

**Make checks payable to "Stokes  
County Health Department"**

**Credit Card Payments**

**This form must be emailed or faxed**

**Ms. Billie Young**

**Fax: (336) 593-4021**

**E-mail: [byoung@co.stokes.nc.us](mailto:byoung@co.stokes.nc.us)**

**\*Call (336) 593-2403 for assistance**

**We do accept credit card payments  
over the phone, please call Billie  
Young at (336) 593-2403**

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**Property Information**

**Name of Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Type of Permit:** \_\_\_\_\_

**Address/PIN of property:** \_\_\_\_\_

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**Credit Card Information**

**Name on Card:** \_\_\_\_\_

**MC** \_\_\_\_\_ **Visa** \_\_\_\_\_ **Discover** \_\_\_\_\_ **Other** \_\_\_\_\_

**Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

This signature authorizes Stokes County to charge the credit card above in the amount of  
\$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(This form is destroyed after credit card payment is processed)**