

COPY INVOICE

Copies Requested By: _____
Amount Due: _____
Invoice Date: _____

SUBMIT PAYMENT TO

Harrison County Clerk
229 South 3rd Street
Clarksburg, WV 26301

Credit Card Payment Form

We accept: MasterCard, Visa, Discover & American Express

Card Holder's First Name: _____

Card Holder's Last Name: _____

Card Holder's Address: _____

City, State & Zip: _____

Phone #: _____

Type of Card: (Circle One)



Card Number: _____

Expiration Date: _____

CVN: (3 digit code on back of card) _____

Signature: _____

***** Notice: A fee of \$1.50 will apply to all credit card transactions & will be added to the total amount due.**

***** Please enclose a copy of this Invoice with payment *****

Thank you for your Business!!