



County of Hawai'i
 Mass Transit Agency
 25 Aupuni Street
 Hilo, HI. 96720

Taxicab License Order Form

Phone # (808) 961-8744, option 3
 Fax # (808) 961-8745

<u>Item Description</u>	<u>QTY</u>	<u>Unit Cost</u>	<u>Sub-Total</u>
Taxicab License Decal Replacement	_____ x	\$1.00	_____
Certificate of Public Convenience	_____ x	\$10.00	_____
Change of Vehicle (attach applicable form)	_____ x	\$10.00	_____
Annual Fee (prorated option below)	_____ x	\$120.00	_____
Sub-Total =			_____
Prorated annual fee	# of Months = _____ x	\$10.00	_____
TOTAL DUE =			\$

NAME: _____
 COMPANY: _____
 ADDRESS: _____

 PHONE # _____
 EMAIL: _____
 License #(s) _____

Payment Type <input checked="" type="checkbox"/>	
Cash	<input type="checkbox"/>
Check*	<input type="checkbox"/>
Credit Card**	<input type="checkbox"/>

*Please make checks payable to: COUNTY DIRECTOR OF FINANCE

****Credit Card Payment Information**

Type of Card (Visa, Mastercard, Discover, JCB, Diners Club): _____

Cardholder Name: _____
 Credit Card # _____

CCV Code: _____
 Exp. Date: _____

For OFFICE USE ONLY

Order Receipt Information

Date/Time: _____
 Employee Name: _____
 Sales Receipt # _____

Disbursement Information

Mail ___ In-Person ___
 Date: _____
 Decal # _____