Credit Card Authorization Form

THIS FORM CAN ONLY BE RECEIVED BY US MAIL, FAX OR IN PERSON FORMS RECIEVED BY EMAIL WILL NOT BE ACCEPTED

THIS FORM MUST BE FULLY AND ACCURATELY COMPLETED AND SUBMITTED WITH THE ORIGINAL LICENSE FORM OR ALL DOCUMENTS WILL BE RETURNED. THIS OFFICE DOES NOT ACCEPT INCOMPLETE FORMS.

The Commission will only accept **VISA, MASTERCARD AND DISCOVER** (**we cannot accept cards that are debit only**). To pay license fees by credit card, attach this fully completed Authorization Form to your license document. You may use this Authorization Form to pay for multiple licenses.

Credit card capability will be accepted for original applications, transfers, change of address/change of firm name, active status request, renewals, publications and certification of license history requests.

The signature below authorizes the Commission to charge applicable fees for those individuals listed below to the following credit card. (Double-check all information for accuracy).

CREDIT CARD NUMBER: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

CVV2 CODE: _____ (3 digit # on the back of the card)

EXPIRATION DATE: MO _____ YR_____

NAME AS IT APPEARS ON THE CARD: _____

BILLING ADDRESS: _____

ZIP:_____

SIGNATURE: _____ DATE: _____

THIS DOCUMENT WILL BE SHREDDED WHEN PAYMENT HAS PROCESSED.

PAYMENT IS AUTHORIZED FOR THE FOLLOWING LICENSEE(S): PROVIDE FIRST AND LAST NAME.

_____

_____

_____

_____

AMOUNT $ _____

For Commission use only:

Date Processed_____

Amount Processed_____

Authorization Code_____