



STATE OF MAINE
BOARD OF DENTAL EXAMINERS
143 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0143

AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application/request. **Payment through credit cards will not be processed without this authorization form.**

Business Name: (Applicant fees being paid for)			
Mailing Address:			
City:		State:	Zip Code:
County:		Telephone # : () _____ - _____	
Name of Cardholder: (If other than applicant)			
Mailing Address: (If other than applicant)			
City:		State:	Zip Code:
County:		Telephone # : () _____ - _____	
I authorize the State of Maine, Board of Dental Examiners to charge my credit card for the following purpose:			
<input type="checkbox"/>	Visa	<input type="checkbox"/>	MasterCard
<input type="checkbox"/>	Discover		

		Card Number	
Expiration Date:	_____/_____/_____	In the amount of: \$ _____	
Signature:	_____	Date: ____/____/_____	