



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
BUREAU OF INSURANCE
 34 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0034



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 paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):

Purpose of Payment:

Name of Cardholder:		Contact persons phone #, if questions with this form.
		Telephone #: () -
Mailing Address:		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my: (please check one)

Visa MasterCard Discover _____
 (Card number)

Expiration date: ____/____/____ in the amount of: \$ _____
 (month) (year)

Signature: _____ Date: ____/____/____
 (must be signed by authorized person to validate)

Form is available on our website: www.maine.gov/insurance



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 OFFICES LOCATED AT 124 NORTHERN AVENUE, GARDINER, MAINE 04345
www.maine.gov/insurance