



**STATE OF MAINE
BOARD OF DENTAL PRACTICE**

143 State House Station
Augusta, Maine 04333-0143

AUTHORIZATION OF CREDIT CARD PAYMENT

Fees collected by 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.**

(Revised 06/2019)

Applicant/Licensee/Other:		
Mailing Address:		
City:	State:	Zip Code:
County:	Telephone # : () _____ - _____	
Name of Cardholder: (If other than applicant/licensee)		
Mailing Address: (If other than applicant/licensee)		
City:	State:	Zip Code:
County:	Telephone # : () _____ - _____	
I authorize the State of Maine, Board of Dental Practice to charge my credit card for the following purpose:		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	
<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX	
Card Number		
Expiration Date: _____/_____/_____	In the amount of: \$ _____	
Signature: _____	Date: ___/___/___	