

Credit Card Payment Information for Maine Board of Osteopathic Licensure

Name _____

License Number _____

Payment for¹ _____

Authorized Amount _____

Credit Card Type Visa MasterCard (please circle one)

Credit Card # _____

Expiration Date _____ Security Code _____

Cardholder Name _____

Cardholder Address _____

Cardholder Signature _____

Signature Date _____

¹ i.e., new license application (specify type – DO, LT, CP, etc.), renewal fee, costs assessed, data list, etc.