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:

<table>
<thead>
<tr>
<th>Name of Cardholder:</th>
<th>Contact persons phone #, if questions with this form. Telephone #: ( ) -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my:

[ ] Visa  [ ] MasterCard  [ ] Discover  [ ] American Express

Expiration date: _____ / _____ in the amount of: $__________________

(Card number – Please print clearly)

Signature: __________________________________________ Date: ______/______/_______

(must be signed by authorized person to validate)

Form is available on our website: www.maine.gov/insurance You may fax the form to: 207-624-8599 or e-mail to: Insurance.pfr@maine.gov

OFFICES LOCATED AT 76 NORTHERN AVENUE, GARDINER, MAINE 04345
www.maine.gov/insurance

Phone: (207) 624-8475 (Office) Hearing Impaired: Please call Maine relay 711 Customer Complaint (800) 300-5000 Fax: (207) 624-8599
Revised 10/18