

## STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION 35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

Joan F Cohen Commissioner





## **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. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)				
Mailing Address: (applicant fees being paid for)				
City:	State:		Zip Code:	
County:	JL .	Telephone #: ()_		
Name of cardholder: (if other than applicant)		11		
Mailing Address: (if other than applicant)				
City:	State:		Zip Code:	
I authorize the State of Maine, Professional and Occupationa Visa MasterCa	al Regulation to	charge my:	ncial Regulation, Office of	_
Expiration date:/_ I understand that fees are	/ in	the amount of: \$	Card number	
Signature:			_Date:/	_

OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE

PHONE: (207)624-8603 (VOICE) TTY users: call Maine Relay 711 FAX: (207)624-8637