



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
Board of Complementary Health Care Providers
35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035

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 are being paid for)		
Mailing Address: (applicant fees are being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (_____) _____ - _____	
Name of Cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

PAYMENT OPTIONS: Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
MAILING ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS The following amount: \$_____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	Expiration Date <i>mm / yyyy</i>		
SIGNATURE	DATE		