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):**

**Purpose of Payment:**

|  |  |  |
| --- | --- | --- |
| **Name of Cardholder:**  |  | **Contact person’s phone # for questions about this form. Telephone #:** ( ) - |
| **Email Address:**  |  |  |
| **Mailing Address:**  |  |  |
| **City:**  | **State:**  |  | **Zip Code:**  |

**We do not accept American Express as a form of credit card payment - only Visa, Mastercard or Discover. I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Securities to charge my:**

[ ] **Visa** [ ] **MasterCard** [ ] **Discover**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiration date**: / **in the amount of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Card number – Please print clearly)

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

 (must be signed by authorized person to validate)

You may fax the form to: 207-624-8590 or e-mail to: OOS.Registration@maine.gov