

# Department of the Secretary of State

## Bureau of Corporations, Elections and Commissions

If you wish to pay for filing fees or other services offered by this Bureau with your credit card, please complete the following credit card payment voucher and submit it with your request.

Check the appropriate box:

- Visa
- MasterCard
- Discover

**\*\*\*Office Use Only\*\*\***

Credit Amount \_\_\_\_\_

Check/Cash Amount \_\_\_\_\_

Work Request # \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/yy)

Name (as it appears on card): \_\_\_\_\_

(Please use the address to which your credit card bills are sent)

Address (No. and Street): \_\_\_\_\_

Address (Apt. or Suite): \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

Daytime Telephone Number: \_\_\_\_\_