

Bureau of Motor Vehicles Motor Carrier Services 101 Hospital Street Augusta, Maine 04333

IFTA & Fuel Unit – Fax # (207) 624-9062 IRP - Fax # (207) 624-9086 Operating Authority & Overlimits - Fax # (207) 622-5332

CREDIT CARD FACSIMILE COVER SHEET

The following credit care	d information MUST be p	provided:	
Type of credit card: (Ple	ease circle one)		
VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS
payments for foreign f	fees (fees belonging to	s access to VitalChek and T-Chel other jurisdictions). An alternat y reach ComChek at 1-800-741-	te form of payment must be submitted.
DOT or Account Numbe	er:		
Amount to be paid on ac	count:		
Credit Card Number:			CVC/CVV Code
Expiration date:			
Credit Card Holder Nam	ne:		
Card Holder Signature: _			
Card Holder Billing Add	lress:		
Card Holder Telephone	Number:		

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Thank You.