



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Banking and Securities
 Consumer Finance Section
 550 West Seventh Avenue, Suite 1850, Anchorage, AK 99501
 Telephone: 907-269-4584 Fax: 907-269-8146
 Website: <http://commerce.alaska.gov/dnn/dbs>

(Office Use Only)
 CC _____
 AC _____
 Receipt # _____
 (Date Stamp)

CREDITCARDPAYMENT

For security purposes, please **do not e-mail** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License (check one): MSB MTG Broker / Lender MTG Loan Originator

I wish to make payment by credit card for the following:
(check all that apply)

	Amount
<input type="checkbox"/> Application fee	_____
<input type="checkbox"/> License (or renewal) fee	_____
<input type="checkbox"/> Fine: Case #: _____	_____
<input type="checkbox"/> Other (specify): _____	_____
Total:	_____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

E-mail Address (optional) : _____

Signature of Credit Card Holder: _____

Credit Card Type (check one): VISA MASTERCARD

Credit Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of payment