



Alaska Division of Banking and Securities
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 Fax: (907) 465-1230

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, **do not email** credit card information. **This form accepted by FAX ONLY.** 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 not be processed. Please print neatly.

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

Entity Name: _____

Type of Filing: _____ License Number (if applicable): _____

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

	Amount
Application fee	_____
License or renewal fee	_____
Fine (case/order #): _____	_____
ANCSA fee	_____
Other (specify): _____	_____
Total:	_____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address: _____

Credit Card Type (check one): VISA MASTERCARD

➔ Signature of Credit Card Holder: _____

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

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