



Alaska Division of Banking and Securities  
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 Phone: (907) 465-2521  
 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. Please call prior to faxing payment to provide CVV code.** 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.

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): _____	_____
<b>Total:</b>	_____

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.***