



Alaska Credit Card Payment Form

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.

Name: _____
 Company: _____
 Industry: _____ License # (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:	_____

Printed Name on Card: _____
 Credit Card Billing Address: _____

 Contact Telephone Number: _____
 Contact Email: _____
 Credit Card Type: Visa MasterCard Discover AmEx

Signature of Card Holder: _____

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

Card Number: _____
 Expiration Date: _____
 CVC: _____