



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
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CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Mail this credit card payment form to the division. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

License Type: _____ 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: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

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Credit Card Payment Form

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VISA or Mastercard Number: _____ **Expiration Date:** _____

Billing ZIP Code: _____ **3-Digit Security Code:** _____

This section below the dotted line will be destroyed upon processing of the payment.