FOR DIVISION USE ONLY

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Credit Card Payment Form			
All major credit cards are a Include this credit card pay		security purposes, <u>do not email</u> credit car h your application.	d information.
Name of Applicant or Licen	see:		
Program Type:		License Number (if applicable)	):
I wish to make payment by	credit card for	r the following <i>(check all that apply)</i> :	AMOUNT
Application Fee:			
License or Renewal	Fee:		
Other (name change	e, wall certifica	ate, fine, duplicate license, exam, etc.):	
1			
		TOTAL:	
Name (as shown on credit	card):		
Mailing Address:			
Phone Number:		Email <i>(optional)</i> :	
Signature of Credit Card	Holder:		
	2/26/18	Credit Card Payment Form (all ma	• • •
		t cannot be processed unless all fields	
1. Account Number:			four fields MUST
<b>2.</b> Expiration Date:			be completed!
3. Billing ZIP Code:			is section will be estroyed after the
<ol><li>Security Code:</li></ol>		payr	ment is processed.