



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
**Board of Pharmacy**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035

## AUTHORIZATION OF CREDIT CARD PAYMENT



Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<i>Name:</i> (applicant fees are being paid for)		
<i>Mailing Address:</i> (applicant fees are being paid for)		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>County:</i>		<i>Telephone #:</i> (_____) _____ - _____
<i>Name of Cardholder:</i> (if other than applicant)		
<i>Mailing Address:</i> (if other than applicant)		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my  VISA  MASTERCARD

the following amount: \$ \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_