



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Banking & Securities
 PO Box 110807, Juneau, Alaska 99811-0807
 Phone: (907) 465-2521
 Fax: (907) 465-1230

OFFICE USE ONLY	
CC	_____
AC	_____

CREDIT CARD PAYMENT

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. 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 be rejected. Please print.

Name of Contact: _____
Corporate or Individual (first, middle, last)

Entity Name: _____

I wish to make payment by credit card for the following *(check all that apply)*:

- | | |
|---|---------------------|
| <input type="checkbox"/> Expedited Exemption | Amount _____ |
| <input type="checkbox"/> Fine | _____ |
| <input type="checkbox"/> Other <i>(specify)</i> : _____ | _____ |
| | Total: _____ |

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address *(optional)*: _____

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.