

Secretary of State
Elections Division

Credit Card Payment Form

*Master Card, Visa, American Express & Discover are
accepted*

For Office Use Only

DATE: _____ STAFF TAKING ORDER: _____

Please provide all requested information so your request may be processed.

NAME ON CARD: _____

BUSINESS NAME: _____

NAME OF REQUESTOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____ EMAIL: _____

BILLING ADDRESS: _____

Billing Address same as Mailing Address.

TYPE OF CREDIT CARD: _____

CREDIT CARD #: _____ EXPIRATION DATE: _____

PURPOSE OF CHARGE: _____ AMOUNT OF CHARGE: _____

3 OR 4 DIGIT SECURITY CODE: _____

X _____

By signing here you authorize the above amount
to be charged to your credit card.