



Department of Law Credit Card Payment Form

Please mail or fax the completed form to:

**State of Alaska, Department of Law
1031 W. 4th Avenue, Suite 200
Anchorage, AK 99501-1994**

Fax: (907) 276-3697

If you have any questions or would like to make your payment over the phone please call **(907) 269-5100**.

PAYER INFORMATION

Name: _____ Contact Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Payment Type: _____ Please mail me a receipt

Name or Organization Payment is For (if different from above): _____

CARD INFORMATION

Card Number: _____ Card Type: _____

Expiration Date: _____ 3-digit CVV: _____ Amount: _____

Name on the Card: _____

Authorizing Signature: _____

*** NOTE: Forms received without an authorizing signature will not be processed.**

FOR OFFICE USE ONLY

Employee Taking Request: _____ Date: _____ Time: _____

Invoice #: _____ Customer Reference #: _____

Processed By: _____ Date: _____ Time: _____