



# 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: \_\_\_\_\_ 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: \_\_\_\_\_