



MAINE STATE BOARD OF NURSING

158 STATE HOUSE STATION
161 CAPITOL STREET
AUGUSTA, MAINE 04333-0158
Phone-(207)287-1133 Fax-(207)287-1149

CREDIT CARD AUTHORIZATION FORM

Please Provide the Following:

We accept Visa/MasterCard/Discover Card

Please provide license number: _____

Credit Card # _____

Credit Card Expiration Date:
(mm/yy) _____

Your Name
(if not the Card Holder) _____

Card Holder's Name:
(as it appears on the Card)
(If using a company card,
please include company name) _____

Card Holder's Billing Address _____

Card Holder's Signature _____