



# 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** \_\_\_\_\_