

Bureau of Motor Vehicles Motor Carrier Services 101 Hospital Street Augusta, Maine 04333

IFTA & Fuel Unit – Fax # (207) 624-9062 IRP - Fax # (207) 624-9086 Operating Authority & Overlimits - Fax # (207) 622-5332

CREDIT CARD FACSIMILE COVER SHEET

The following cre	edit card information MUST be	provided:	
Type of credit car	rd: (Please circle one)		
VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS
payments for fo	preign fees (fees belonging to		ek services to process credit card ate form of payment must be submitted I-2777 extension 4029.
DOT or Account	Number:		
Amount to be pai	id on account:		
Credit Card Num	ber:		CVC/CVV Code
Expiration date:			
Credit Card Hold	ler Name:		
Card Holder Sign	ature:		
Card Holder Billi	ing Address:		
Card Holder Tele	phone Number:		

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