CREDIT CARD PAYMENT FORM

ARIZONA BOARD OF OSTEOPATHIC EXAMINERS
IN MEDICINE & SURGERY
9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258
PH 480-657-7703 | FX 480-657-7715
www.azdo.gov

To pay by credit card, please fill out this form completely. Fax with appropriate form to this agency at (480) 657-7715, or mail to the address above.

PLEASE PRINT LEGIBLY

_____ _____
Name License Number (if applicable)

CARD: ☐ Visa ☐ MasterCard

_____
Name on Card

_____-_____-_____-_____
Card Number

Expiration Date: _____ Amt: $ _____

CREDIT CARD BILLING ADDRESS:

_____
Address

_____
City/State/Zip

_____
Daytime Phone

_____ _____
Signature Today's Date

Credit card information is shredded after transaction is completed.