



## CREDIT CARD PAYMENT AUTHORIZATION

Please enter required information, sign and date at the bottom. Mail or fax form.



### CARD NUMBER

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### Verification Code

3-4 digit non-embossed number found on the card signature panel

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### Expiration Date

MO		YR
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Name (as it appears on the credit card):

Billing Address:      

Street
City
State
Zip

Telephone Number:  -  -

Payment Amount \$  Purpose of Payment:   
(e.g. renewal, application)

Applicant/Licensee Name: \_\_\_\_\_

I agree to pay the above amount per the card issuer agreement.

Signature Date

Please Note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.

office use only

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