



Utah Division of Consumer Protection License Registration Fax Credit Authorization

FILL, PRINT, & FAX * DO NOT E-MAIL *****

We apologize for the inconvenience, but for the security of your payment information, and in compliance with national regulations, **WE CANNOT ACCEPT THIS FORM VIA EMAIL.** Forms e-mailed to the Division will not be processed, and you will still be responsible for submitting timely payment in a manner accepted by the Division. Thank you for your understanding.

To: Utah Division of Consumer Protection

Fax #: (801) 530-6314

Date: _____ **Pages:** _____

Legal Business Name on Application: _____

Filing Type: Charity Other: _____ (specify type if other)

Amount: _____ **Late fee:** _____ **Expedited Fee:** _____ (\$75) **Total:** _____

Credit Card Type: American Express MasterCard Visa

Credit Card #: _____

Credit Card CSV#: _____

Credit Card Exp Date: ____/____/____ (MM/YYYY)

Cardholder Name: _____

Billing Zip Code: _____

To Be Received To: _____

Contact Name: _____

Contact Phone #: _____ (000-000-0000)

Contact email: _____

I authorize the Department of Commerce to charge my Credit Card as prescribed above

Comments:

Signature _____

Date _____