



# Utah Division of Consumer Protection License Registration Fax Credit Authorization

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

**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** \_\_\_\_\_