



Utah Division of Consumer Protection 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: _____

Registration Type: _____

Amount: _____ **Late fee:** _____ **Total:** _____

Credit Card Type: American Express MasterCard Visa

Credit Card #: _____

Credit Card CSV#: _____

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

Cardholder Name: _____

Billing Zip Code: _____

Contact Name: _____

Contact Phone #: _____

Contact email: _____

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

Comments:

Signature _____

Date _____

Utah Division of Consumer Protection
160 East 300 South
Box 146704
Salt Lake City, Utah 84114

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