SOUTH DAKOTA BOARD OF TECHNICAL PROFESSIONS
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CREDIT CARD AUTHORIZATION FORM

This form can be mailed, faxed or e-mailed to our office.

DATE _____

Amount $_____ □ VISA □ MasterCard

Name of Applicant: _____

Name on the card: _____

Card Number: _____

Card Expires: _____/ _____
Month Year

For Office Use Only

Reason _____

Receipt # _____

Need to run through Authorize Net □ Date _____

01/06/10