

Authorization for Credit Card Use

Print and Complete This Authorization and Return
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Amount to Charge: \$ _____

I authorize **Secretary of State of Alabama** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder-Please Sign and Date

Signature: _____

Date: _____

Printed Name: _____

Return the completed and signed form to the following:

Secretary of State
Trademark Division
11 South Union Street
Suite 224
Montgomery, AL 36130