

# 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