

State of Washington



Office of Insurance Commissioner

CREDIT CARD AUTHORIZATION FORM

Credit card payment (Visa or MasterCard) is accepted for fees payable to Washington State Office of Insurance Commissioner. Complete the following information and submit with the required forms for your request. In order to protect credit card information, do not put credit card information on any form other than this form. All information below must be completed.

All licensing and fingerprint processing fees may be combined in one credit card authorization.

I hereby authorize the use of my Visa or MasterCard credit card for payment of my required licensing fees. (Please print clearly)

DATE _____

NAME _____

TELEPHONE _____

ADDRESS _____

City

State

Zip

VISA or MASTERCARD CARD NUMBER

/ / /

EXPIRATION DATE (MM/YYYY)

/

AMOUNT _____

Signature _____

MAILING ADDRESS (US Postal Delivery)

Insurance Commissioner

P.O. Box 40257

Olympia, Washington 98504-0257

PHYSICAL ADDRESS (Direct Delivery)

Insurance Commissioner

5000 Capitol Blvd

Tumwater, WA 98501