



STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND  
FINANCIAL REGULATION  
**BUREAU OF INSURANCE**  
34 STATE HOUSE STATION AUGUSTA, MAINE 04333-0034

## AUTHORIZATION OF CREDIT CARD PAYMENT



**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.**

**Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):**

Peter A Hancock 9081124PH, 457-12-1192

**Purpose of Payment:** CO-PAY

Card Type: ☒ Visa ☐ AMEX ☐ Master Card

<b>Name of Cardholder:</b> Suzy Smith		<b>Contact persons phone #, if questions with this form. Telephone #:</b> ( 913 ) 564 - 9087
<b>Email Address:</b> suzysmith@hotmail.com		
<b>Mailing Address:</b> 675 Grasslawn CT		
<b>City:</b> Olathe	<b>State:</b> KS	<b>Zip Code:</b> 66051

**I authorize Contoso Department of Professional and Financial Regulation, Bureau of Insurance to charge my: MasterCard**

4067412356190981

(Card number – Please print clearly)

**Expiration date:** 11 / 19 **in the amount of:** \$ 25.00

**Signature:** Suzy Smith **Date:** 04 / 23 / 2016  
(must be signed by authorized person to validate)

Form is available on our website: [www.contoso.com/insurance](http://www.contoso.com/insurance) You may fax the form to:  
650-768-2322 or e-mail to: [insurance@contoso.com](mailto:insurance@contoso.com)