

USPTO CREDIT CARD PAYMENT FORM (PTO-2038)

1. Cardholder Information

Name of Cardholder: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

2. Credit Card Information

Type of Card (check one): Visa MasterCard AmEx Discover

Credit Card Number: _____

Expiration Date (MM/YY): _____ Security Code (CVV): _____

3. Payment Information

Amount to Charge: \$_____

Application Number (if known): _____

Purpose of Payment: Provisional Patent Application Filing Fee

4. Authorization

Cardholder Signature: _____

Date: _____