



# ABS Credit Card Payment Authorization

↓ TYPE OR PRINT IN BLACK INK, PRINT FULL NAME AND ADDRESS ↓

Email address:

I \_\_\_\_\_, hereby acknowledge the applicant shall submit with the application, an application fee, initial licensure fee, and any other fees required as specified in subsection 7-209(J). Fees are not refundable or waivable. An applicant shall make the payment for any fee payable to the Arizona Supreme Court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Credit Card: \_\_\_\_\_  VISA  MasterCard  
**Expiration Date:** \_\_\_\_\_ **For the amount of: \$** \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_