

Credit Card Payment Information for Maine Board of Osteopathic Licensure

Date of Request _____

Licensee Name _____

ME License Number _____

Payment for¹ _____

Authorized Amount _____

Credit Card Type Visa MasterCard Discover AmEx (circle one)

Credit Card # _____

Expiration Date _____

E-Mail Address: _____ (for receipt purposes)

¹ License verification, Locums or Camp application fees, renewal fee, costs assessed, data lists, etc.