

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA STATE BOARD OF TECHNICAL PROFESSIONS

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CREDIT CARD AUTHORIZATION FORM

This form **must be mailed or faxed** to this office. This form will NOT be accepted by email. Forms received via email will not be processed.

DATE: _____

Amount: \$ _____ Visa MasterCard

Name of Applicant: _____

Name as shown on the card: _____

Card Number: _____

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Need to run through Authorize Net? _____ Date: _____