PAYMENT CARD AUTHORIZATION

ALLOPATHIC LICENSURE APPLICATION PROCESSING FEE

First Name _____ Last Name _____

APPLICATION PROCESSING FEE $500
$8.00 Convenience Fee (credit card processing fee) added to all credit card transactions over $100.

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Please complete and return this form *with your license application and all necessary documents* if paying by credit card. Or return the application and payment (this credit card form or check or money order) to the address listed below. PLEASE NOTE: If faxing the credit card, do not mail as you may be charged twice.

Mail to: **Arizona Medical Board**
9545 East Doubletree Ranch Road
Scottsdale, AZ 85258

Or Fax to: 480-551-2704