



PAYMENT CARD AUTHORIZATION DUPLICATE LICENSE WALL CERTIFICATE

Please utilize this form if paying with Credit Card.

PLEASE NOTE: The Arizona Medical Board will only accept credit card payment via mail

(USPS, FedEx, UPS, DHL, or any other mail carrier)

Any credit card information received via any other method will not be processed and will be destroyed.

Mail to:

Arizona Medical Board
1740 W Adams St, Suite 4000
Phoenix, AZ 85007

Wall Certificate Fee: \$50

First Name: Last Name:

Name as Shown on Payment Card:

Cardholder Signature: Date:
(Required)

Billing Address of Cardholder:
(Required)

City: State: Zip Code:

Contact Phone:

Mailing Address of Cardholder:
(If Different from Billing Address)

City: State: Zip Code:

Last 4 Digits of Payment Card

For receipt, please include an email address for submissions:

Type of Card: Visa Mastercard Amex

Card Number: Expiration Date: