



PAUL D. PATE
Secretary of State
State of Iowa

CREDIT CARD PAYMENT AUTHORIZATION FORM

This authorization form must be completed and accompany your document or request if you are requesting to pay the fee(s) by credit card. Complete the entire form. All information is required.

Indicate the type of document or request you are submitting:

Corporate Document(s):

Below, state the type of document and the legal title stated on the document.

Other Request(s):

Below, state the type of request and the name of the requesting party.

Provide all of the following information and authorization for the payment below:

Visa MasterCard Discover

Credit Card Number _____

Expiration Date: ____/____ (MM/YY)

Cardholder's name (as it appears on the card): _____

Cardholder's Address: _____
(House Number) (Street Name) (Apt., STE., Lot) (City) (State) (Zip)

Cardholder's daytime telephone number: (_____) _____

Payment Authorization: I authorize the Office of the Iowa Secretary of State to charge my credit/debit card the amount of fees due.

Cardholder's Signature: _____

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