



Credit Card Payment

Revised 7/2015

Note: All payment information is confidential, Oregon Medical Board use only.

DO NOT E-MAIL CREDIT CARD PAYMENT FORM

<hr/>		\$ Amount
Company Name		
<hr/>		
Printed Name as it Appears on Card		
<hr/>		<hr/>
Signature		Phone Number with Area Code
<hr/>		
Cardholder's Mailing Address		
<hr/>		<hr/>
Credit Card Number – VISA, MASTERCARD, OR DISCOVER		Expiration Date