## Confidential Fax (503) 378-4600

DPSST accepts credit and debit cards with the VISA or MasterCard logo. Credit card transactions may be authorized via this form. Please complete sections $A, B, \& C$ and submit via fax, mail or hand delivery - DPSST will not accept a form submitted by email. DPSST does not keep credit card number information on file. A new form 508c must be submitted for each authorized payment.

SECTION A: CREDIT CARD HOLDER INFORMATION

| $\mathbf{A}$ | 1. Name as it appears on card: |  |
| :---: | :---: | :---: |
|  | 2a. Billing Address: | 2b. City, State, Zip: |
|  | 3a. Mailing (Shipping) Address: | 3b. City, State, Zip: |
|  | 4a. e-Mail Address (for transaction receipt): | 4b. Verify e-Mail Address: |
|  | 5. Phone Number ( ) | 6. Fax Number ( ) |
|  | 7. Printed authorized signer's name | 8. Signature of authorized signer |

SECTION B: CREDIT CARD PAYMENT AUTHORIZATION


## SECTION C: CREDIT CARD NUMBER

| Credit Card Number: |  |
| :---: | :--- | :--- | :--- |
|  | $\square$ VISA $\quad \square_{\text {MasterCard }}$ |$\quad$| Expiration date: MM/YY |
| :--- |
| CVC: |

