

SOUTH DAKOTA STATE BOARD OF TECHNICAL PROFESSIONS
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dlr.sd.gov/btp

sdbtp@state.sd.us

**CREDIT CARD AUTHORIZATION
FORM**

This form can be mailed, faxed or e-mailed to our office.

DATE		
Amount \$	VISA	MasterCard
Name of Applicant:		
Name on the card:		
Card Number:		
Card Expires:	/	
	Month	Year

For Office Use Only

Reason _____

Receipt # _____

Need to run through Authorize Net Date _____