

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**SOUTH DAKOTA STATE BOARD OF TECHNICAL PROFESSIONS**

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**CREDIT CARD AUTHORIZATION FORM**

This form **must be mailed or faxed** to this office. This form will NOT be accepted by email. Forms received via email will not be processed.

DATE: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Visa MasterCard

Name of Applicant: \_\_\_\_\_

Name as shown on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expires: \_\_\_\_\_

CVV: \_\_\_\_\_

***For Office Use Only***

Reason: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Need to run through Converge \_\_\_\_\_ Date: \_\_\_\_\_