

FORM **C-CARD****CREDIT CARD
AUTHORIZATION APPLICATION**

STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034

Fax: 503-378-3575

E-mail: tax.bd@state.or.usWebsite: www.oregon.gov/OTPB**LICENSEE/APPLICANT INFORMATION REQUIRED****1****TO BE COMPLETED BY THE LICENSEE/APPLICANT****PLEASE PRINT OR TYPE****LICENSE #:** _____

"LEGAL NAME" Last			First	Middle
Mailing Address:				
City:	State:	Zip Code:	County:	
Residence Phone No.:		Business Phone No.:		
Fax:		E-Mail:		

Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information._____
Signature_____
Date**CREDIT CARD INFORMATION REQUIRED****2****PAYMENT INFORMATION:**

Payment for: _____

Amount Authorized to Charge Credit Card: _____

CREDIT/DEBIT CARDS ACCEPTED:

MAIL PAYMENT TO: STATE BOARD OF TAX PRACTITIONERS
UNIT 07
PO BOX 4395
PORTLAND, OR 97208

OR**FAX PAYMENT TO:** (503) 378-3575 (if paying by credit/debit card)

Credit/Debit Card Visa ___ MC ___ DC ___ Number _____ Expires _____