



Date Received
Office Use Only

PAYMENT FORM

You may pay by check or credit card. Please denote below which method of payment you will be sending.

Business Name: _____ Permit # _____

Check # _____ is attached – Please make check payable to the Alabama State Board of Pharmacy

Charge fees to credit card (There will be an additional 5% transaction fee)

Credit Card Type: Visa MasterCard Discover American Express (please circle)

Card Number: _____

Expiration Mo/Yr: _____/_____ (MM/YY)

Security Code _____

Card Holder Name: _____

Complete Billing Address: _____

 (City) (State) (Zip)

Signature of Card Holder _____

MUST be Signature of Card Holder

If you need a transaction receipt, please provide an email address.
