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| **INDUSTRIAL COMMISSION OF ARIZONA**  **CLAIMS SEMINAR SPONSORSHIP**  **CREDIT CARD PAYMENT** |  |

***DIRECTIONS: Please type in the requested information, print the form, sign it, scan it, and return it to*** [***Gregg.Morgan@azica.gov***](mailto:Gregg.Morgan@azica.gov)

I AUTHORIZE A ONE TIME CREDIT CARD PAYMENT OF $

      American Express       MasterCard       Visa

Name on Card:

Account Number:

Billing Address:

                             Street Address             Apt. #           City                State           Zip

Expiration Date:

Card Security Code:       (three or four digits on back of card)

Authorizing Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:

Phone Number:

***Payments will display on your credit card statement as “Industrial Commission of Arizona.”***

***For questions, please call the Claims Division at (602) 542-6691.***