



MCLE Department
 PO Box 10520
 Phoenix, AZ 85064-0520

CREDIT CARD AUTHORIZATION

For payment of	MCLE Delinquent Compliance Fee M-4820 MCLE Delinquent Filing Fee M-4210 Other MCLE Fee: _____
Name	
Bar Number	
Firm Name	
Address	
City, State, Zip	
Telephone #	
Credit Card Number	
Expiration Date	
Cardholder's Name	
Credit Card Billing Address (if different from address above)	
City, State, Zip	
Amount	