



Idaho State Board of Pharmacy

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Credit Card Transmittal Form

Please Type Into The Form or Print All Responses Legibly

Order Information:

*Please include what you are paying for, the name of the applicant/business (if applicable), and the associated fees.**

Payment Information:

Name as it appears on card:

Billing Address:

City

State

Postal Code

Telephone Number:

Card Number:

Expiration (MM/YY): ____/____

Type of Card: MasterCard Visa Discover American Express

If you would like to receive a receipt for this transaction, provide your email address below.

Email Address:

All fields (except email) are required in order to process payment/order.

** Please note:* In accordance with the contract between the State of Idaho and our service provider, Access Idaho, credit card payments are made through Access Idaho via this form. **All credit card transactions will reflect Access Idaho pricing which may differ from the prices listed on applications.** If you have any questions regarding payments or prices, please contact the board office.

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