BOARD OF COSMETOLOGY
714 S.W. Jackson, Ste. 100, Topeka, Kansas 66603
www.kansas.gov/kboc Email: kboc@ks.gov Fax: (785) 296-3002

CREDIT CARD AUTHORIZATION
BOC-100

OFFICE USE ONLY

INSTRUCTIONS
Use this form to pay application fees by credit or debit card.
You must send this form with your application.
Authorizations that are received without an application will be returned unprocessed.
The Board does not provide receipts for payments.

SECTION 1 – APPLICATION INFORMATION

Applicant Name	
Application/Form Name	

SECTION 2 – CARDHOLDER INFORMATION

Cardholder Name	Address		
Phone	City	State	Zip

SECTION 3 – CREDIT/DEBIT CARD INFORMATION

Card Type	☐ Visa ☐ Master Card ☐ Discover ☐ American Express	OFFICE USE ONLY
Amount Authorized	$	
Account Number		Expiration Date

SECTION 4 – SIGNATURE

I authorize the Kansas Board of Cosmetology to charge my credit/debit card for the amount stated in this Authorization.

Cardholder's Signature	Date