FAIRBANKS NORTH STAR BOROUGH-
DIVISION OF LAND MANAGEMENT

PAYMENT FORM

Please PRINT LEGIBLY when filling out this form and remember to sign the certification below.

Name(s): _____

Authorized Agent(if any): _____

Mailing Address: _____

City:_____State:_____Zip Code: _____

Telephone #:_____Alternate #:_____Email:_____

CREDIT CARD AUTHORIZATION:

I hereby authorize the Fairbanks North Star Borough to charge the card specified below, in the amount specified below, for payment of

_____

_All credit card information will be destroyed immediately following processing of payment and will not become public information.
Please print information clearly and EMAIL TO: LAND.MANAGEMENT@FNSBLANDSALES.COM

Type: ☐VISA ☐Master Card Credit Card Number: _____

Expiration Date:_____Amount of Charge: $ _____Name on Card: _____

Billing Address (if different from above): _____

Verification Code (last 3 digits in signature block, on back of card): _____

(Note: Some financial institutions require the Verification Code for large transactions.)

Signature: _____