



# Credit Card Payment Authorization Form

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dmv.idaho.gov

Please print legibly.

Order information:	(description of what payment is for)
Name/Business Name:	
Telephone Number:	
Email Address:	

Card Number:		
Expiration Date:	(MM/YY)	

**Note:** A service fee will be added to all credit card transactions.

Please note that we will not keep your credit card information on file but will destroy this page as soon as the payment has been completed.