



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
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CREDIT CARD TRANSACTION FORM

Please use this form to submit your payment via credit card with the Business Registration Division.
Complete all fields below and include this form with your filing submission.
This form will be kept confidential.

Payment for (entity name): _____

Contact Name: _____ Phone Number: _____

Processing type (check one):

Regular Expedited

Credit Card Type (check one):

Mastercard Visa American Express Diners Club Discover JCB

Credit Card Number: _____ Expiration Date (MM/YY): _____

Verification Code (CVV): _____ Amount Charged: \$ _____

Cardholder's Name (as printed on card): _____

Cardholder's Phone Number: _____

Cardholder's Billing Address:

Email Address (for approved or returned documents and correspondence):
