



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368
www.dmv.ri.gov

CREDIT CARD BY MAIL OR DROP BOX SERVICE

Return this form with all documents

NAME ON CARD: _____

DRIVERS LICENSE# & STATE: _____ PHONE: _____

ADDRESS: _____

CREDIT CARD NUMBER: _____

3 or 4-DIGIT CVV CODE ON BACK OR FRONT OF CARD: _____

EXPIRATION DATE: _____

MUST CIRCLE ONE: VISA / MASTER CARD/ DISCOVER/ AMERICAN EXPRESS

I agree to allow the Rhode Island Division of Motor Vehicles charge my credit card for a credential/vehicle transaction. I understand that a service fee will be applied to the transaction. The service is \$1.55 for transactions up to \$65.00 and 2.40% for transactions over \$65.00. The State of Rhode Island does not keep any portion of this service fee. The service fee goes to our third-party credit card processing company.

Original signature required. Photocopied signatures will not be accepted.

CARD HOLDER'S SIGNATURE: _____

DO NOT EMAIL THIS FORM TO THE DMV
CANNOT BE USED FOR IN PERSON TRANSACTIONS