



RICHARD A.BALL
Commissioner

**One Time Credit Card Payment Authorization Form
DO NOT FAX THIS FORM**

Sign and complete this form to authorize the NYS Department of Agriculture and Markets to make a onetime debit to your credit card listed below. Please mail to the address below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

Business Name:	_____		
Name:	_____	Phone:	_____
Address:	_____		
City:	_____	State:	_____
		Zip:	_____
		County:	_____
Email:	_____		

I, _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for \$ _____. This payment is for : **NYS Hemp Licensing Program**

Billing Address:	_____		
City:	_____	State:	_____
		Zip:	_____

Account Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	FOR OFFICE USE ONLY
Cardholder Name _____	Estab No. _____
Account Number _____	License No. _____
Expiration Date _____	Receipt No. _____
CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____	Validation No. _____

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the Industrial Hemp Program, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.

SIGNATURE _____ DATE _____