



FARM PRODUCTS DEALER LICENSE PROGRAM

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Dealer's Business Name: _____

Sign and complete this form to authorize the NYS Department of Agriculture and Markets to make a one-time debit to your credit card listed below. Please mail this form to: NYS Department of Agriculture and Markets, Division of Agricultural Development, 10B Airline Drive, Albany, NY 12235.

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:

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

FARM PRODUCTS DEALER LICENSE

Billing Address:		Phone Number:
City:	State:	Zip Code:
Email:		

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	FOR OFFICE USE ONLY
Cardholder Name:	
Account Number:	
Expiration Date:	
CVV2 (3-digit number on back of Visa/MC, 4-digits on front of AMEX):	License Number:
	Receipt Number:
	Validation Number:

Signature:	Date:
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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 a Farm Products Dealer license, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized use of this credit card.