



## CREDIT CARD AUTHORIZATION FORM

**(Credit Card Payments accepted if total due is not less than \$5.00 or more than \$5,000.00.)**

Agribusiness/Firm Name: \_\_\_\_\_

Designate which program this is for by entering your USA Plants firm number below:

Feed # \_\_\_\_\_ Fertilizer # \_\_\_\_\_ Seed # \_\_\_\_\_ Milk # \_\_\_\_\_ Soil # \_\_\_\_\_

I \_\_\_\_\_ authorize UK Regulatory Services to charge my credit card  
(printed full name)

account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_ . This payment is for  
(amount) (date)

\_\_\_\_\_  
(description of fees/services)

***NOTICE: For protection of your credit card information, we do not accept authorization forms via email. Please fax or mail this form. You may also call with your credit card information.***

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Zip Code of Billing Address \_\_\_\_\_

***We accept Visa, MasterCard, American Express & Discover***

***Receipt available upon request. Please let us know below where to send receipt by fax, email or mail.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

I authorize UK Regulatory Services to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the fees/services described above, 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 and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.

Mail or fax this form along with required paperwork to:

Division of Regulatory Services  
103 Regulatory Services Building  
University of Kentucky  
Lexington, KY 40546-0275  
Fax: (859) 323-9931 Phone: (859) 257-2785

Receipt requested. Send to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_