Credit Card Authorization

Department of State Division of Licensing Services P.O. Box 22001 Albany, NY 12201-2001

The Department of State's Division of Licensing Services accepts MasterCard and Visa for payment of fees. To pay fees using a credit card, simply complete and sign this form and attach it to your application.

We process credit card payments upon receipt.

Please PRINT CLEARLY in blue or black ink.

APPLICANT'S INFORMATION			
Please enter the name of the person or compa	ny this payment is bei	ng made for.	
FIRST NAME:	MIDDLE NAME:		
COMPANY NAME:			
UNIQUE I.D.NUMBER (If applicable)			
CREDIT	CARD INFORMATIO	N	
NAME AS IT APPEARS ON CARD:			
STREET ADDRESS:			
APT / UNIT / PO BOX:			
CITY:	STA	TE:	ZIP+4:
Total Amount Due: \$			
Please charge to the following credit card:	-		
MasterCard Visa Expira	ation Date: (Month)	(Year)	
Credit Card No.:	-	-	
If there is a problem processing this payme	ent, we would like to be	e able to reac	h you by phone.
Optional: Daytime telephone number	r: ()	-	
Cardholder's Signature:			
Date:			