

# 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.

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### APPLICANT'S INFORMATION

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Please enter the name of the person or company this payment is being made for.

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

UNIQUE I.D. NUMBER (if applicable) \_\_\_\_\_

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### CREDIT CARD INFORMATION

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NAME AS IT APPEARS ON CARD: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

APT / UNIT / PO BOX: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP+4: \_\_\_\_\_

**Total Amount Due: \$** \_\_\_\_\_

Please charge to the following credit card:

MasterCard

Visa

Expiration Date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If there is a problem processing this payment, we would like to be able to reach you by phone.

**Optional:** Daytime telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_