



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 firm number below:

Feed # _____ Fertilizer # _____ Seed # _____ Milk # _____

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)

<p>Cardholder Name: _____</p> <p>Account Number: _____</p> <p>Expiration Date: _____</p> <p>Zip Code of Billing Address _____</p> <p style="text-align: center;"><i>We accept Visa, MasterCard, American Express & Discover</i></p>
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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 available upon request. Please let us know where to send receipt by fax, email or mail.