



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 _____
<i>We accept Visa, MasterCard, American Express & Discover</i>

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.

Receipt requested. Email Fax Mail
Provide email, postal address or fax number below:

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

