

Due to privacy concerns, we cannot accept credit card authorization forms via email. Mail or fax only.



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 (USAPlants#) below:

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

I _____ authorize UK Regulatory Services to charge my credit card account
(printed full name)

indicated below for \$ _____ on or after _____. This payment is for _____.
(amount) (date) (description of fees/services)

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

Zip Code of Billing Address _____

We accept Visa, MasterCard, American Express & Discover

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) 3 23-9931
Phone: (859) 257-2785

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