

DELAWARE DEPARTMENT OF AGRICULTURE
CREDIT CARD AUTHORIZATION FORM

___ VISA
___ MASTERCARD
___ DISCOVER

DATE: _____

CUSTOMER INFORMATION

NAME: _____

BILLING ADDRESS: _____ CREDIT CARD

CITY/STATE: _____ # _____ / _____ / _____ / _____

PHONE NO _____

EXP. DATE _____ / _____
month year

Authorized Signature _____

Completed by: _____

Name	License Type	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL PAYMENT: \$ _____

DATA TRANSMITTED BY: _____ DATE _____