

New York State **Department of State Division of Licensing Services** 

P.O. Box 22001 Albany, NY 12201-2001 Customer Service: (518) 474-4429 www.dos.ny.gov

## **Credit Card Authorization**

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.

APPLICANT'S INFORMATION		
Please enter the name of the person or company this paym LAST NAME:	nent is being made for.	
FIRST NAME:	MIDDLE NAME:	
COMPANY NAME:		
UNIQUE I.D. NUMBER (if applicable)		
CREDIT	CARD INFORMATION	
NAME AS IT APPEARS ON CARD:		
STREET ADDRESS:		
APT / UNIT / P.O. BOX:		
CITY:	STATE:	ZIP+4:
Total Amount Due: \$		
Please charge to the following credit card:		
☐ MasterCard ☐ Visa Expiration Da	ate: <i>(Month)</i>	(Year)
Credit Card No.:	ı <b>-</b> 0000 <b>-</b> 00	
If there is a problem processing this payment, we wou	uld like to be able to reach you by	y phone.
Optional: Daytime telephone number: (	<b>_</b>	
Cardholder's Signature:		