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DEPARTMENT OF FISH AND GAME

Credit Card Payment Authorization Form

Dear Customer:

For your convenience, we accept Visa and Mastercard. Please complete this form and return with your application if paying by credit card. Thank you.

I authorize the DFG to charge my license(s) to: ☐ Visa ☐ Mastercard TOTAL: $ |__|__|__|__| __| . |__|__|

CARD #: |__|__|__| __| |__|__|__|__| |__|__|__|__| |__|__|__|__| EXPIRATION DATE: |__|__| |__|__|
MONTH YEAR

I agree to pay the total amount according to the card issuer agreement.

SIGNATURE: ______________________ DATE : ______________________

PRINT NAME: ______________________ PHONE NUMBER (_____) ______________________
AS IT APPEARS ON YOUR CREDIT CARD

ADDRESS: ______________________ CITY/STATE/ZIP ______________________