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 _____

LAS 5005

FG 1443 (2/03)