STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE AND MARKETS
10B AIRLINE DRIVE
ALBANY, NEW YORK 12235

FSI – LICENSING UNIT
PHONE: 518-485-5326

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize The NYS Department of Agriculture and Markets to make a one time debit to your credit card listed below. Please mail to the above address.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for **$400.00**. This payment is for a:

FOOD PROCESSING LICENSE
LICENSE TYPE 1120

Billing Address _____ Phone# _____

City _____ State _____ Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)_____

FOR OFFICE USE ONLY

Estab No.: _____

License No.:_____

Receipt No._____

Validation No._____

SIGNATURE _____ DATE _____

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for a Food Processing License, 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.