

Credit Card Information Sheet for Payment of USDA APHIS Endorsement Fee(s)

All information is required. Please print clearly.

Cardholder Name (as it appears on your card):

Billing Address

Street: _____

City: _____

State: _____

Zip Code: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Remember to include the Credit Card Sheet when you overnight
ship your health certificate to the USDA Endorsement Office for
endorsement.

After successful payment is processed, the credit card
information sheet will be destroyed.