

# ODA Credit Card Payment Form

OREGON DEPARTMENT OF AGRICULTURE  
635 CAPITOL ST NE  
SALEM, OR 97301-2532  
(503)986-4765  
(503) 986-4746 Fax

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## DESCRIPTION OF ITEMS TO BE CHARGED:

.....  
**EXAMPLE:**

<i>John Doe</i>	<i>Commercial Pesticide Applicator</i>	<i>\$15.00</i>
Licensee Name	License Type	FEE

.....

_____	_____	_____
Licensee Name	License Type	FEE

_____	_____	_____
Licensee Name	License Type	FEE

_____	_____	_____
Licensee Name	License Type	FEE

_____	_____	_____
Licensee Name	License Type	FEE

**TOTAL FEES:** \$ \_\_\_\_\_

\_\_\_ VISA    \_\_\_ MASTERCARD    EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_

CARD NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE:    \*FORM MUST BE SIGNED BEFORE CHARGE CAN BE PROCESSED.  
          \*LICENSE APPLICATION(S) MUST ACCOMPANY THIS FORM.