CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

I authorize the Oregon Racing Commission to charge my Credit/Debit card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error.

Licensee Information:

License or Licenses applied for: _____

_____ _____
Signature Date

Your license will not be processed if your card indicates insufficient funds or you have exceeded your credit limit.

Cardholder's Information: **Please PRINT and provide ALL information.**

Charge Amount: $_____

Visa/Mastercard Number _____ Exp Date _____

CW2* Number _____

Cardholder Name (as it appears on the card): _____

Cardholder Billing Address: _____
Street, Apartment#

_____ _____ _____
City State, Zip Code Daytime Phone Number

_____ _____
Cardholder's Signature Date

RETURN THIS FORM WITH YOUR APPLICATION TO:
Oregon Racing Commission, 800 Oregon St, Suite 310, Portland, OR 97232
Questions? Please call 503-285-9144 ext 222

ORC USE ONLY:

Licensing Person: _____ Date Processed: _____

_____

**The CW2 Number is the 3-digit number on the back of the card that appears next to your signature*