

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.

*At this time we are not able to accept American Express or Discover. We apologize for the inconvenience.

Licensee(s) Name: _____

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, 233 Rogue River Hwy #1245 Grants Pass, OR 97527
or fax to: 971-673-0213**

Questions? Please call 971-352-0455 or e-mail ORC.Licensing@oregon.gov

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