

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.**