

# 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):

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## 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.**