



# Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete both sections below.

## CREDIT CARD HOLDER INFORMATION

Please check credit card type:

- Visa
  MasterCard
  Discover
  American Express

Credit card number: \_\_\_\_\_ Expiration date : \_\_\_\_\_ / \_\_\_\_\_ ( mm/yy )

Exact name as it appears on the credit card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LICENSEE/DRIVER INFORMATION

Name as it appears on Driver's License/ID: \_\_\_\_\_

Licensee's Drivers License / ID number: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

Gender (circle one): Male Female

Please send this credit/debit card payment form and supporting documents to:

Georgia Department of Driver Services  
 ATTN: Validation  
 P. O. Box 80447  
 Conyers, GA 30013

What type of service is this payment for? \_\_\_\_\_

\_\_\_\_\_