



ALCOHOLIC BEVERAGE CONTROL
COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-7479 fax
<http://abc.ky.gov>

CREDIT/DEBIT PAYMENT FORM

There will be a 2.75% Convenience Fee added to the total for Credit Card payments.

Please provide your name, address, telephone number, and payment amount.

Name _____ Address _____

Telephone Number _____ Payment Amount \$ _____

CREDIT CARD PAYMENT

GW \ **HVISA** Mastercard Discover

Print Name (as it appears on the card) _____ Card Number _____

Expiration Date (Month/Year) _____ CVV/Credit Card Security Code (3 digit number on the back of the card) _____

PAYMENT REASON & AUTHORIZATION

Please apply this payment to the following licensee _____

License Number(s) _____ SITE ID # _____

Reason for payment _____

By signing and dating this form, I authorize my credit card to be charged for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.

Signature _____ Date _____