Print Form

CONSUMER EQUITABILITY DIVISION
Registered Service Agency Program
2150 Frazer Avenue Sparks, NV 89431
Phone: (775) 353-3782 Fax: (775) 353-3798
Email: rsareg@agri.nv.gov Web: agri.nv.gov/RSA

Method of Payment

Payments MUST include completed application information

Business Name: _____ Invoice # _____

☐ Check here ONLY if payment and application information will be mailed separately.
Please note: Application and payment will not be processed until both has been received.

Payment Type:

☐ **Check or Money Order #**_____

Payment Amount: $_____

Payable to:
NEVADA DEPARTMENT OF AGRICULTURE
2150 Frazer Avenue
Sparks, NV 89431

☐ **Credit Card (Check type):** ☐Visa ☐Mastercard ☐AMEX ☐Discover

Payment Amount: $ _____

Name as it appears on Card: _____

Email: _____

Authorized Signature: _____ **Date:** _____

Credit Card #:

☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiration Date: ☐☐ / ☐☐ **Card Verification Value (CVV2):** ☐☐☐☐

**Credit Card information is not retained by the Nevada Department of Agriculture for future payments.*

Billing Code: 4551-3601

WM-RSA-05