

Credit Card Payment Form:

To pay by credit card, please fill in your full name and complete the cardholder information.

Name of Applicant:

Applicant's Date of Birth:

Day ___ Month ___ Year _____

Credit Card Type (check one): we do not accept American Express

Visa MasterCard Discover/Novus

Name of Cardholder (as it appears on card):

Cardholder Address: (For processing credit card payment only. All materials requested will be sent to the applicant address provided on the appropriate forms.)

*Explanation of Credit Card CVV2 number:
(To be entered below)

Visa and MasterCard: This number is printed on your MasterCard & Visa cards in the signature area of the card. (It is the last 3 digits AFTER the credit card number in the signature area of the card).

Credit Card #:

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Expiration Date: _____ * CVV2 Number _____

(See explanation on other side.)

Total Charges U.S. \$ _____

Cardholder Signature (authorization for payment):

I hereby authorize a charge to my credit card for the total of all services requested on the attached **Certification Form**, including any fee adjustments in effect as of the date the order is received.

Signature of Authorized Cardholder