CREDIT CARD FORM

Purpose of payment: _____

Candidate name: _____

Exact name that appears on credit card: _____

The following information must be as it applies to billing of the credit card.

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____-_____-_____

Visa ☐ MasterCard ☐

CC#: | | | | | - | | | | | - | | | | | - | | | | |

Expiration date: _____

Amount authorized: $_____

Signature of cardholder: _____

If your payment is declined <u>for any reason</u>, there will be a $100.00 processing fee.

For office use only

ABR ID #: _____ *Fee Code:* _____