



CREDIT CARD FORM

Please note that the ABR cannot accept credit card forms by email.

Purpose of payment: _____

Candidate name: _____

Exact name that appears on credit card: _____

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

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ - _____ - _____

VISA MasterCard American Express

Credit Card# (no spaces):

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiration Date: _____ Amount Authorized: \$ _____

Signature of Cardholder: _____

If your payment is declined for any reason, there will be a \$100 processing fee.

| |
|-------------------------------------|
| For office use only |
| ABR ID#: _____ Fee Code: _____ |

Send to:

THE AMERICAN BOARD OF RADIOLOGY
5441 E. WILLIAMS CIRCLE
TUCSON, ARIZONA 85711-7412
FAX: (520) 790-3200