

# Credit Card Payment Authorization Form

Please provide the following pertinent information



\*CARD NUMBER

\*EXPIRATION DATE

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MO.

YR

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\*VCODE

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*Verification Code (VCODE) - A 3-4 digit, non embossed number found on card signature panel or near embossed number on front.*

\*Name on credit card

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*Your name as it appears on the card and the name of your organization (if applicable)*

\*Billing address

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\*Zip code

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\*Telephone No. \_\_\_\_\_

\*Amount: \_\_\_\_\_

\* Signature: \_\_\_\_\_

Profession: \_\_\_\_\_

*MD, PA etc.*

What is the payment for? \_\_\_\_\_

*E.g.: Application, renewal, copies etc.*

**\* PLEASE NOTE - WE WILL NOT PROCESS YOUR REQUEST IF THE REQUIRED FIELDS ARE BLANK**

**If payment is for an application or renewal, please provide the following additional information:**

Name(s) and license #(s)(if applicable) to apply payment to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_