

Credit Card Payment Form

Certification No.: _____ Board Registration No.: _____ New Application No.: _____

Change of Address

Member/Applicant Name _____

Billing Address _____

City _____ State _____ Zip _____ Birth Date ____/____/____

Home Phone (____) _____ Work Phone (____) _____

VISA or MCARD

Security Code: _____

Number _____ - _____ - _____ Exp. Date _____

Authorization Number: _____

Name (as it appears on card) _____

Credit card statement billing address
(If different than above) _____

City State Zip

CARS CCJP COUN PCGC BRI PREV MISA I MISA II CAAP MAATP CRSS RDDP

- | | | |
|---|--|----------------|
| <input type="checkbox"/> Annual Maintenance Fee _____ | <input type="checkbox"/> CARS App. Fee | <u>\$75.00</u> |
| <input type="checkbox"/> Biennial Re-certification Fee _____
Opt 1 Opt 2 Opt 3 | <input type="checkbox"/> CCJP App. Fee | <u>\$75.00</u> |
| <input type="checkbox"/> Initial Certification Fee _____
Opt 1 Opt 2 Opt 3 | <input type="checkbox"/> COUN App. Fee | <u>\$75.00</u> |
| <input type="checkbox"/> Deferred Billing Fee <u>\$5.00</u> _____ | <input type="checkbox"/> MISA App. Fee | <u>\$75.00</u> |
| <input type="checkbox"/> Late Fee _____ | <input type="checkbox"/> NCRS App. Fee | <u>\$75.00</u> |
| <input type="checkbox"/> Extension <u>\$10.00</u> (X) _____ Months _____ | <input type="checkbox"/> PCGC App. Fee | <u>\$75.00</u> |
| <input type="checkbox"/> Testing Late Fee <u>\$50.00</u> _____ | <input type="checkbox"/> PREV App. Fee | <u>\$75.00</u> |
| <input type="checkbox"/> Testing Fee \$ _____ | <input type="checkbox"/> Transition App. Fee | <u>\$30.00</u> |
| | <input type="checkbox"/> Other _____ | |

Mail Receipt Total Due _____ Total Charge _____

Date _____ Employee _____

MID # _____ Exp. Date _____