

## Credit Card Payment Form:

In order to pay with 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):  Visa  MasterCard  Diners

**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.):

\_\_\_\_\_  
**Cardholder Cell-Phone #:** \_\_\_\_\_

**Credit Card #:**

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**Expiration Date:** \_\_\_\_\_ **\* CVV2 Number:** \_\_\_\_\_

\*Explanation of Credit Card CVV2 number:

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).

**Total Charges U.S. \$** \_\_\_\_\_ **Email** (for receipt): \_\_\_\_\_

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

(please sign in front of a notary public)

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ Notary Public Form

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

Name of persons acknowledging: \_\_\_\_\_

Name of Notary Typed, or Printed: \_\_\_\_\_

Signature of Notary Public-State of Florida: \_\_\_\_\_ (NOTARY SEAL).