Credit Card Payment Form

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Please type or print. To pay by credit card, please fill in below your full name (as it appears in your application/order) and your CGFNS/IHCP Applicant ID number (if known). Complete the cardholder information as requested.

Name of Applicant

_____

CGFNS/ICHP Applicant Identification Number *(if known)*

☐☐☐☐☐☐☐

Applicant's date of birth:

Day ☐☐ Month ☐☐ Year ☐☐☐☐

Cardholder information

Credit card type *(check one)*:

☐ Visa ☐ Mastercard ☐ Discover/Novus

Name of cardholder *(as it appears on card)*:

_____

Cardholder address *(For processing credit card payments only. All order correspondence requested will be sent to the address provided in the applicant's application/order)*:

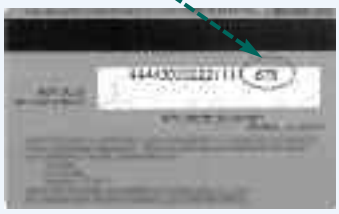
_____

_____

_____

Explanation of credit card CVV2 number:
(To be entered below)

Visa and MasterCard: This number is printed on your MasterCard and 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).



Credit card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CVV2 number: ☐☐☐☐ *(See above for explanation)*

Expiration date: Month ☐☐ Year ☐☐☐☐

Total charges *(see Fee Schedule)*: **US $** ☐☐☐☐ . ☐☐

Cardholder signature *(authorization for payment)*:

I hereby authorize a charge to my credit card for the total for all services ordered including any fee adjustments in effect as of the date the order is received.

X _____

Signature of authorized cardholder

CGFNS INTERNATIONAL®
Global Credibility

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