**CREDIT CARD PROCESSING FORM**

In order to charge your examination, merchandise, or additional certificates, you must fill out this form and fax or mail with your application or your request for sales items.

|  |  |
| --- | --- |
| **NAME** |  |
| **ADDRESS** |  |
| **CITY** |  | **STATE** | **ZIP** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DAYTIME PHONE** |  | **HOME PHONE** |  |
| **E-MAIL ADDRESS** |  |

METHOD OF PAYMENT

|  |  |
| --- | --- |
|  | VISA |
|  | MasterCard |

|  |  |
| --- | --- |
| Amountto be Charged | $ |
| Card Number |  |
| Expiration Date |  |
| CVV (Security) # |  |

|  |  |
| --- | --- |
| Name that appears on the card if other than your name |  |
| Credit card billing address if other than the address listed above |  |

**SIGNATURE DATE**

# Please note this charge will show up as “ABRET” on the credit card statement.

Payment is for: Exam Recertification Other:

# ABRET Executive Office

**2908 Greenbriar Dr., Suite A Springfield, IL 62704**

**FAX (217) 726-7989**