

CREDIT CARD PROCESSING FORM

In order to charge your examination, posting fee, 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

Amount to 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 Fees
- Job Posting for:
- Other:

**ABRET Executive Office
2509 W. Iles Ave., Suite 102
Springfield, IL 62704**

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