

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 |

| | |
|------------------|--|
| 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 |
| | |

By signing above, I understand and accept ABRET's \$7.00 processing charge

Payment is for:

- Practice Exam
- Exam Fees
- Job Posting for:
- Other:

**You may either mail your application and processing form to the
 ABRET Executive Office
 1904 Croydon Dr.
 Springfield, IL 62703
 or fax the application and form to (217) 585-6663**