

## CREDIT CARD PROCESSING FORM

Please fill out the form and fax or mail it with your application or job post request.

<b>NAME</b>			
<b>ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>

<b>DAYTIME PHONE</b>		<b>HOME PHONE</b>	
<b>E-MAIL ADDRESS</b>			

### METHOD OF PAYMENT

<input type="checkbox"/>	VISA
<input type="checkbox"/>	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	

<b>SIGNATURE</b>	<b>DATE</b>

Payment is for:

Exam Fees

Job Posting for:

Other:

**Please mail or fax to:**  
**ABRET Executive Office**  
**2509 W. Iles Ave., Ste. 102**  
**Springfield, IL 62704**  
**FAX (217) 726-7989/Phone (217) 726-7980**