

**CREDENTIALING/ACCREDITATION  
CREDIT CARD PROCESSING FORM**

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

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

METHOD OF PAYMENT

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

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

**Please note this charge will show up as "ABRET" on the credit card statement.**

Payment is for

- Exam
- Recertification
- LAB Accreditation
- Merchandise
- Other:

**ABRET Executive Office  
2908 Greenbriar Dr., Suite A  
Springfield, IL 62704**

**FAX (217) 726-7989**