ECFMG® | **Credit Card Payment Form for Organizations**
Form 236A2-CC

IF YOU WISH TO PAY BY CREDIT CARD:

Please mail form with top portion of invoice to ensure credit to proper account to:

ECFMG Certification Verification Service
P.O. Box 48083
Newark, NJ 07101-4883

Organization ID: V-_____

Apply to invoice number(s): _____

Charge my major credit card.

Check one:

( ) Visa ( ) MasterCard ( ) Discover Card

Credit Card Number:

Amount:_____ **Expiration date:**_____ **/**_____

Name of Cardholder: _____

Address of Cardholder:_____

Street Address

_____

City

_____

State **Zip Code**

_____

Telephone #

Signature of Cardholder: _____

This form is available on the ECFMG website at www.ecfmg.org.