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 13679
Philadelphia, PA 19101-3679

Organization ID: V-_____

Apply to invoice number(s): _____

Charge my major credit card.

Check one:

( ) Visa ( ) MasterCard ( ) Discover Card ( ) American Express

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.