North Carolina Board of Nursing
Credit Card Payment Form

The information below applies to the cardholder. It must match information on file with MasterCard or Visa to be accepted for payment authorization. Only MasterCard and Visa are accepted. If the credit/debit card information is incomplete or the card-issuing bank cannot authorize the credit/debit card transaction your application or other request will be returned with the reason for rejection. If paying by credit/debit card the payment amount must be for the full amount, split or partial payments will not be accepted.

Applicant Name:_____

Please check one for Payment Authorization:

☐ Application for RN/LPN Exam
☐ Application for RN/LPN Renewal
☐ Application for NA II Initial Listing
☐ Application for NA II Renewal
☐ Application for RN/LPN Endorsement
☐ Application for RN/LPN Reinstatement
☐ Criminal Background Check
☐ Duplicate License
☐ Registration Fee for _____
☐ Mailing lists, labels, extracted files
☐ Other _____

Credit Card Type: ☐ MasterCard ☐ Visa

Credit Card Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: Month: ☐☐ Year: ☐☐ **CVC/CVV Code:** ☐☐☐

Cardholder Name (as it appears on Credit Card):
_____

Cardholder Billing Address:
_____

City:_____ **State:**_____ **Zip Code:**_____

Total Amount: $_____

Cardholder Signature:_____

Credit Card Form A

Date:06/05/00; 12/21/01, 9/27/02