



## Credit Card Payment Form

Please type or print. If you, or a third party on your behalf, would like to pay by credit card, please enter your name (as you have entered on this application) and your ICD file number (if known). Complete the cardholder information requested below. Enclose this form with all other materials you are sending ICD.

### 1 Applicant name

Given (first) and middle names

Surname (last/family)

### 2 ICD file number (if known)

### 3 Applicant birth date (Spell the month and enter numbers for the day and year)

Month/Day/Year

### 4 Cardholder information

Cardholder name (as it appears on card)

Given name, middle initial and surname (Leave a space between names)

Credit card type (check one)  Visa  Mastercard  Discover

Cardholder address (For processing credit card payments only)

Address

Address

City

State/Province

Postal code

Country

Credit card number

CVV2 number\* (See below for explanation)

Expiration date

Month

Year

Total charges (see fee schedule)

US \$

\*Explanation of credit card CVV2 number

Visa and MasterCard: This number is printed in the signature area on the back of the card — they are the last three (3) digits after the credit card number.

### 5 Cardholder signature (payment authorization)

I hereby authorize **CGFNS INTERNATIONAL** charge to my credit card for the total of all services requested in this application including any fee adjustments in effect as of the date the order is received by ICD.

Authorized cardholder signature

