



# International Consultants of Delaware

GLOBAL CREDENTIALS EVALUATION SERVICES

A Charter Member of NACES®

## 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)

Phone Number

Email Address

### 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)

Cardholder billing address (For processing credit card payments only)

Address

Address

City

State/Province

Post Code

Country

### 5 Credit card information

Credit card type (check one):  Visa  Mastercard  Discover

Credit card number

CVV2 number

Expiration date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\$ \_\_\_\_\_  
Total charges (US\$) (see fee schedule)



### 6 Cardholder signature (payment authorization)

I hereby authorize **CGFNS INTERNATIONAL** to charge 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 International Consultants of Delaware. ICD is a division of CGFNS International.

Authorized cardholder signature