

## Application payment by credit card option

Complete this form to pay the application fee by credit card (instead of by check). Please attach this form to the lower right corner of Part 1.

\_\_\_\_\_  
Applicant's last/family name

\_\_\_\_\_  
First/given name

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Applicant's date of birth (Month/Day/Year)

Name of Primary Card Holder: \_\_\_\_\_

Address (as it appears on credit card statement):

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State or province

\_\_\_\_\_  
Zip or postal code

\_\_\_\_\_  
Country

Type of card:     MasterCard     Visa     American Express

Amount to be paid: **\$65.00** (U.S. dollars)

Account number: \_\_\_\_\_

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

Signature of Card Holder: \_\_\_\_\_      Date: \_\_\_\_\_