

PAYMENT/CREDIT CARD INFORMATION

This documentation will be destroyed upon completion of processing.

| | |
|-----------------------------------|-----------------|
| Type of Payment | Amount \$ |
| Name as it Appears on Credit Card | |
| Credit Card Account Number | Expiration Date |

Please remember to sign form.

Submit completed form to: Education Standards and Practices Board
2718 Gateway Ave, Suite 303
Bismarck, ND 58503-0585
(701) 328-9641 Office
(701) 328-9647 Fax