

Credit Card Authorization Form

Name on Credit Card: _____ (Exactly as is appears on card)

Schools of Excellence Applicant: _____ (School Name)

We accept the following credit cards:



Credit Card Type: VISA _____ Master Card _____ AMEX _____ Discover _____

Card Number: _____ CVC Code _____



Exp. Date: _____ (mm/yy) **Amount to be charged** \$250.00

Credit Card Billing Address: _____

I authorize NASET to charge the credit card listed above for “Amount to be charged”. This authorization is valid only if the above named Applicant School is accepted as a NASET School of Excellence This payment will satisfy the processing fee for Schools of Excellence applicants.
(Please be aware that if the Schools of Excellence application is denied, this authorization form is void and this form will be destroyed.)

Cardholder's Name: _____

Signature: (X) _____

Upon successful entry of payment information you will receive an email confirmation of your payment.

Email address for confirmation of payment processing: _____

Fax form to : 1-800-424-0371 or Mail to:

NASET Processing Center
3642 E. Sunnydale Drive
Chandler Heights, AZ 85142