

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 ca	DISCOVER WILL STAND EXCELLED TO THE STAND EX
Credit Card Type: VISA Master	Card AMEX Discover
Card Number:	CVC Code CVC Code CVC Code
Exp. Date: (mr	n/yy) Amount to be charged \$250.00
Credit Card Billing Address:	
valid only if the above named Applicant will satisfy the processing fee for Schoo	Excellence application is denied, this authorization form is void and this
Signature: (X)	
	mation you will receive an email confirmation of your payment. ent processing:
You May Send the form via: Email: av	wards@naset.org or Fax: 1-800-424-0371 or Mail to:
NASET Processing Center 3642 E. Sunnydale Drive Chandler Heights, AZ 85142	