



CREDIT CARD PAYMENT AUTHORIZATION

TO COMPLETE THIS FORM, PRINT IT OUT AND RETURN IT TO C-NET

EMAIL: info@cnetnurse.com FAX: 201-217-9785

BOX 1: CANDIDATE NAME (Person Who is Testing)

- YES, I am testing. [SKIP BOX 2]
 NO, I am not testing but I am paying. [ENTER CANDIDATE'S NAME HERE AND YOUR NAME IN BOX 2]

Enter the testing candidate's full name above

BOX 2: Purchaser (Person Who is Paying)

Enter the card holder's full name (if different from BOX 1)

BOX 3: PRINT YOUR CONTACT INFORMATION

BILLING ADDRESS

Street Apt# City State Zip

E-MAIL CELL/ HOME PHONE NUMBER ()

BOX 4: CREDIT CARD INFORMATION

VISA or MASTER CARD ONLY



INCOMPLETE STATUS FEES

If you are paying for an "Incomplete Application Fee", write the amount indicated on the Incomplete Status letter (or email notification) you received. If you are unsure of the amount, contact C-NET at 201-217-9083.

Total amount to charge:

\$

CARD NUMBER EXPIRATION DATE

CVC # (3 digit code on back of card)

AUTHORIZATION SIGNATURE DATE

PLEASE NOTE: A 3.5% PROCESSING FEE APPLIES TO ALL CREDIT CARD TRANSACTIONS. Your signature on this form acknowledges and authorizes the Center for Nursing Education and Testing (C-NET) to charge your credit card for a total of the amount indicated above plus the previously mention processing fee. Written refund requests will be accepted by C-NET no later than two (2) weeks prior to the examination date (or close of the testing window if no exam date has been scheduled) and must be submitted by the payee. Refund requests received after this time will not be considered. The request must include the applicant's full name, the last four digits of the social security number, and the name of the exam being cancelled or the request will not be considered. Refunds are issued minus the credit card processing fee, application processing fee and any other non-refundable fees indicated on our website (cnetnurse.com)

C-NET USE ONLY

DECLINE APPROVE

DATE OF CHARGE
 / /

AMOUNT PAID \$

TIME OF CHARGE
 : AM / PM

Payment processed by:

DECLINE APPROVE

DATE OF CHARGE
 / /

AMOUNT PAID \$

TIME OF CHARGE
 : AM / PM

Payment processed by:

REFUND ISSUED

AMOUNT REFUNDED
 \$

REFERENCE NUMBER

DATE
 / /

Refund processed by: