

WEST VIRGINIA STATE BOARD OF EXAMINERS
FOR LICENSED PRACTICAL NURSES
101 DEE DRIVE, SUITE 100
CHARLESTON, WEST VIRGINIA 25311-1688
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EMAIL: lpn.board@wv.gov WEB SITE: <http://www.lpnboard.state.wv.us>

CREDIT CARD REQUEST FORM

IF YOU CHOOSE TO REMIT PAYMENT BY CREDIT CARD (VISA, MASTERCARD, DISCOVER), THE INFORMATION ON THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION.

PLEASE BE ADVISED THAT A CONVENIENCE FEE OF 2.25% OF YOUR PURCHASE AMOUNT IS ADDED WHEN USING A CREDIT CARD (For example, for a payment of \$80.00 you will be charged \$81.80.) THIS PAYMENT WILL SHOW ON YOUR CREDIT CARD STATEMENT AS "WV STATE TREASURER'S OFFICE."

LICENSEE/APPLICANT NAME: _____

LICENSE NUMBER _____
(If applicable)

COMPANY/EMPLOYER NAME: _____

CARDHOLDER NAME: _____
(If different than licensee)

CARDHOLDER ADDRESS: _____
Street/PO Box City State Zip

CARDHOLDER PHONE NUMBER: _____
Area Code Number

CARDHOLDER EMAIL: _____

CARD TYPE: Visa _____ MasterCard _____ Discover _____

CARD NUMBER: _____
(Without dashes or spaces)

EXPIRATION DATE _____
(Month) (Year)

(8/2010)