

WEST VIRGINIA STATE BOARD OF EXAMINERS
FOR LICENSED PRACTICAL NURSES
101 DEE DRIVE, SUITE 100
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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, AMERICAN EXPRESS), 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: _____
First MI Last

LICENSE NUMBER : WV LPN # _____
(If applicable)

COMPANY/EMPLOYER NAME: _____
If using a company card for payment

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 ____ American Express ____

CARD NUMBER: _____ Code _____ (ON BACK OF CARD)
(Without dashes or spaces)

EXPIRATION DATE: ____ / ____
(Month) (Year)