VeriCore, LLC

CREDIT CARD PAYMENT FORM

TO: _____ **FAX #:** _____

FROM: _____ **FILE NUMBER #:** _____

VeriCore is able to accept Visa, MasterCard or American Express as payment on your account. You must complete the form fully and provide a copy of the front and back of your credit card and a copy of your driver's license. **Please note**, if payment is made with company credit card, a copy of the authorized signer's driver's license must be provided. The credit card will be charged for the Total Charge amount indicated below. The Payment Amount listed will be applied to your account with VeriCore. Simply retain this copy as receipt and proof of your payment. This transaction will be reflected on your credit card statement.

FAX BACK TO (704) 948-5604

Please attach a copy of the front and back of the credit card and authorized signers driver's license.

This form must be filled out completely or payment will not be processed.

THE SIGNATURE ON THE BACK OF THE CREDIT CARD MUST MATCH THE SIGNATURE ON THIS AUTHORIZATION FORM

If you have any questions please call (800) 375-3186

Date to Process Payment _____

Total Payment Amt: (USD) $ _____ **(Total amount charged to Credit Card)**

Print Name of Credit Card Holder _____

***Authorized Signature:** _____

Please write in Credit Card Number Below

Expiration Date _____ CVC# (3 digit Security Code) _____

Mailing Address (where credit card bill is sent)

Add: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Submit Form