Credit Card payment Sheet---Visa or Master Card Payment Amex

(New-07/12)

Please use this sheet along with the required form(s) to pay for any CPA applications.

Name_____**Date**_____

❑ I wish to **renew the following licenses, firms, certificate registrations listed below** . (**If you need to provide additional line items, please copy this sheet and attach**)

License No_____ Certificate No_____ Permit No_____ Sub Total $_____.00

License No_____ Certificate No_____ Permit No_____ Sub Total $_____.00

License No_____ Certificate No_____ Permit No_____ Sub Total $_____.00

License No_____ Certificate No_____ Permit No_____ Sub Total $_____.00

License No_____ Certificate No_____ Permit No_____ Sub Total $_____.00

License No_____ Certificate No_____ Permit No_____ Sub Total $_____.00

Please charge the credit card below this Total $_____.00

Be sure to complete, sign and attach ALL CPA forms to this sheet and return to:

Office of the Secretary of the State of CT, State Board of Accountancy, Attn: Cashier, 30 Trinity Street, Hartford, CT 06106.

Name as it appears on Credit Card:_____ Zip Code:_____

(must match credit card billing address)

Charge to my (check one)

❑ Visa ❑ MasterCard ❑ American Express

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Security Code ☐☐☐

(The last 3 digits on back of card)

_____ _____ Expiration Date: ☐☐/☐☐ (Month/Year)

Authorized Signature of Credit Card Holder Date

Total payment charged to Card $ _____