

**Credit Card Payment Form**  
**NCLEX-RN Rewrite**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Email \_\_\_\_\_ This email is  Home  Work

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Please charge the *NCLEX–RN Rewrite Administrative fee* of \$136.50 to my:

Visa

MasterCard

Credit Card Number:

\_\_\_\_\_

Expiry Date: \_\_\_\_\_  
month/year

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_