



North Carolina Board of Licensed Professional Counselors

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# Credit Card Payment Form

*Use this form only if paying by credit card.*

I authorize the NCBLPC to charge \$\_\_\_\_\_ to my  Visa  MasterCard

Credit Card # \_\_\_\_\_, expiration date \_\_\_\_\_,

CVV2 # \_\_\_\_\_

*(This number is on the back of the credit card and is the last 3 digits in the signature section and is required for credit card processing.)*

For the following: (Please check)

- |                                |  |                                |
|--------------------------------|--|--------------------------------|
| Licensing Fees:                | <input type="checkbox"/> Application                                   | \$100.00 or \$95 + \$5 receipt |
|                                | <input type="checkbox"/> License Renewal                               | \$100.00                       |
|                                | <input type="checkbox"/> Late License Renewal                          | \$125.00                       |
| Professional Corporation Fees: | <input type="checkbox"/> Professional Corporation Application          | \$ 50.00                       |
|                                | <input type="checkbox"/> Professional Corporation Renewal              | \$ 25.00                       |
| Miscellaneous:                 | <input type="checkbox"/> Verification of Licensure                     | \$ 5.00                        |
|                                | <input type="checkbox"/> Summation of Supervised Professional Practice | \$ 25.00                       |
|                                | <input type="checkbox"/> Copy of Licensure File                        | \$ 50.00                       |
|                                | <input type="checkbox"/> Duplicate License                             | \$ 15.00                       |
|                                | <input type="checkbox"/> Mailing List (Educational Purposes Only)      | \$ 10.00                       |
|                                | (only contains work addresses)   |                                |

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

Billing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Zip code where credit card statement is received \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

For Board office use only:  Processed Date \_\_\_\_\_

Authorization \_\_\_\_\_

Initials \_\_\_\_\_