

Nevada State Board of Examiners for Long Term Care Administrators (BELTCA)

3157 N. Rainbow Boulevard #313

Las Vegas, Nevada 89108

Phone: (702) 486-5445 Fax: (702) 486-5439

Email: beltca@beltca.nv.gov

CREDIT CARD AUTHORIZATION FORM

Name of Applicant: _____

Method of Payment:



MasterCard



Visa

DISCOVER
Discover

Name on Credit Card: _____

Business Name (if applicable): _____

Credit Card Billing Address: _____

Credit Card Number: _____

Expiration Date: _____

(MM)

(YYYY)

Security Code: _____

I authorize the Board of Examiners for Long Term Administrators (BELTCA) to charge the above credit card for a one-time payment in the amount of \$ _____, and an additional 5% service fee.

Printed Name: _____

Authorized Signature: _____

Date: _____