

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

**59 Damonte Ranch Parkway Suite B373**

**Reno, NV 89521**

**Phone: (775) 384-1208 Fax: (775) 384-1108**

**Email: beltca@beltca.nv.gov**

## CREDIT CARD AUTHORIZATION FORM

Name of Applicant: \_\_\_\_\_

Method of Payment:

☐

MasterCard

☐

Visa

☐

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: \_\_\_\_\_