

CREDIT CARD AUTHORIZATION FORM

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Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301, Reno, NV 89502-2144
or fax to:
775-688-2321*

Please type or print legibly.

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I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a one-time payment in the amount of \$ _____, and an additional 2% service fee.

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Authorized Signature: _____ Date: _____