CREDIT CARD AUTHORIZATION FORM

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
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775-688-2321

***Please type or print legibly*.**

Method of Payment: MasterCard Visa American Express Discover

Name on Credit Card: _____

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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: _____