



Credit Card Payment Form

Name: _____

Payment for: _____
(List program or item)

NC Real Estate Commission Credit:

Name as it appears on your license: _____

NC License Number: _____

Method of Payment:

Visa MasterCard American Express Discover

Total Amount: \$10.00 _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Card #: _____

Expiration Date: _____ CID #: _____

Cardholder Signature: _____

NC Appraisal Institute
Email: executive.director@ncappraisalinstitute.org
Fax: (704) 365-3678
Questions: (704) 719-2644