





# CHARGE REVIEW FORM

## PART 2

NAME: \_\_\_\_\_

JURISDICTION: \_\_\_\_\_ JURISDICTION ID #: \_\_\_\_\_

AMOUNT OF CHARGE: \$ \_\_\_\_\_ DATE OF CHARGE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CREDIT CARD #(MC or VISA only): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP. DATE: \_\_\_\_/\_\_\_\_  
MONTH YEAR

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
CITY ST ZIP CODE COUNTRY

### OFFICE USE ONLY (072309)

Account Noted: AS400 or GATEWAY Date email sent to candidate: \_\_\_\_\_ Account Processor Initials: \_\_\_\_\_

Credit card charged? \_\_\_Yes \_\_\_No IF Yes, \_\_\_multiple \_\_\_no record \_\_\_no NTS Approved: \_\_\_Yes \_\_\_No

#### FEEES

CPAES \$ \_\_\_\_\_

NASBA \$ \_\_\_\_\_

AICPA \$ \_\_\_\_\_

PROMETRIC \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

TOTAL REFUND \$ \_\_\_\_\_

SECTIONS

A B F R

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_