

ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD
216 AQUARIUS DR., SUITE 319
HOMEWOOD, AL 35209
PHONE: 205-945-4857
FAX: 205-945-9915
WWW.PGFB.ALABAMA.GOV

Credit Card Authorization Form

CERTIFICATE HOLDER INFORMATION

Name: _____ Social Security #:XXX-XX-_____

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

PAYMENT AUTHORIZATION

I _____ authorize the Alabama Plumbers & Gas Fitters Examining Board to process a one-time charge against my credit card account in the amount of \$ _____ (plus a 4% processing fee charge beginning with "IGOVSOL*") for the payment of:

Certification - Classification: _____

Exam - Classification: _____

Other - Specify: _____

BY MY SIGNATURE BELOW, I UNDERSTAND THERE WILL BE A 4% PROCESSING FEE CHARGED TO MY ACCOUNT THAT WILL APPEAR ON MY STATEMENT AS A SEPARATE CHARGE BEGINNING WITH "IGOVSOL*"

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

CREDIT CARD INFORMATION

Credit Card type: Visa Mastercard Discover American Express

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date _____/_____/_____

Security Code: _____