

**ISWDRES FEE**  
**PAYMENT FORM (by credit card)**  
(For internal use only)

Date: \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_

Telephone number of the Applicant: \_\_\_\_\_

Payment of the Fee: \_\_\_\_\_

Screening, Recognition, Additional Letter: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Name of Credit Card Holder: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code on the back: \_\_\_\_\_

**Please do not write below. For CSWE internal use only:**

Completed Form given to Ed Blair on: \_\_\_\_\_

CSWE processed payment on: \_\_\_\_\_