



### Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road • Portland, Oregon 97224-7012  
Phone: 971-673-0685 • Fax: 971-673-0684 • License Verification: 971-673-0679  
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

## Facility Credit Card Authorization

Please type or print clearly using blue or black ink.

### FACILITY INFORMATION

Contact Person: \_\_\_\_\_  
 Name of Organization/Facility: \_\_\_\_\_  
 Facility mailing address: \_\_\_\_\_  
 City and State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Telephone number: (     ) \_\_\_\_\_ Email address: \_\_\_\_\_

### To pay by Visa or MasterCard ONLY, please complete the following information:

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Name printed on credit card: \_\_\_\_\_  
 \_\_\_\_\_ Credit card billing zip code: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Match ORIGINAL APPLICATION for each applicant listed below.** Attach this authorization form to the stack of original applications before mailing the completed applications to the Board. If there is a problem with matching application and fee, the Board will contact you to verify information.

### This credit card payment authorization is for the following applications.

	Name of Applicant (Last name first)	Type of Application	Application Fee
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
<b>TOTAL AMOUNT to be charged for all application fees listed above =</b>			