

## **Board of Nephrology Examiners** Nursing & Technology

100 South Washington Street, Rockville, MD 20850 Phone: (202) 462-1252

Fax: (202) 463-1257

## **BONENT Credit Card Charge**

| l authorize Boapply): | ONENT to cha     | rge <b></b>                   |               | n my credit cai                      | rd to pay fo | or (check <u>all</u> that     |  |
|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|--------------|-------------------------------|--|
| □ Exam                |                  | □ Late Fees(s) □ Incomplete F | Fee □R        | apsed Fee<br>eturned Chec<br>NNCO Re | k Fee        | oired Fee                     |  |
| If you are pay        | ving this fee fo | r someone else,               | print their f | ull name in the                      | box belov    | w:                            |  |
|                       |                  |                               |               |                                      |              | BONENT ID#<br>(if applicable) |  |
| Print:                | edit Card Owne   | r's First Name                | Credit Ca     | rd Owner's La                        | st Name      |                               |  |
|                       | Credit Card      | Number                        |               | Credit Ca<br>Expiration              |              | Credit Card<br>Security Code  |  |
| Signature             |                  |                               |               | <br>Date                             |              |                               |  |

Fax to: 1-202-463-1257 OR

Mail to: BONENT 100 South Washington Street, Rockville, MD 20850