



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

Credit Card Charge Request Form

Card Number (Visa or MasterCard only)

Expiration Date

Name (as it appears on card)

Billing Address

City

State & Zip

Total amount to be charged (please Refer to application for fees)

Number of candidates

PLEASE CHECK THE OPTION THAT APPLIES TO YOU:

Payment is for all WBT candidates testing on _____ at the following school:
(exam date)

Payment is not for an entire WBT group. A list of candidates covered by this credit card payment is attached.

Cardholder's signature

Date

NBSTSA.ORG or **800 707 0057**

6 WEST DRY CREEK CIR, SUITE 100, LITTLETON COLORADO 80120

