



## Payment Form For Verification Visit (Florida Only)

Your Verification Fee is due upon submission of your portfolio.  
This form will calculate your fee.  
Please select your verification type and enter your licensed capacity.  
If you are submitting your portfolio late, please include the late fee (\$300).

<b>Payment By Credit Card:</b> Complete form and fax to: 954-767-4701 <b>DO NOT EMAIL THIS FORM WITH          CREDIT CARD INFORMATION</b>	<b>Payment by Check:</b> Complete top portion of form and mail with check to: FACCM 1095 Military Trail #8619 Jupiter, FL 33468
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Verification Type:

Standard

Advanced

Check if late portfolio submission

APPLE ID: \_\_\_\_\_ Licensed Capacity: \_\_\_\_\_ (per license)

Amount Due: \_\_\_\_\_

Center Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Type:      Visa      Mastercard      Discover

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

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit code (on back of card): \_\_\_\_\_

Address: (where credit card statement is received) \_\_\_\_\_

Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Forms with incomplete or illegible information will not be processed.