





# 6 Complete



## Complete payment section.

Payment Information

First Name:

Last Name:

Credit Card Number:

Exp. Date:  (MM/YY)

CVV:

Credit Card Type:  Select Card Type

Email:  Payment receipt will be sent to this email

Phone Number:

Address:

City:

State:

Postal Code:

**IMPORTANT:** Please note that if you enter an address, Viewpoint Screening will deny your transaction for security purposes. Additionally, denied transactions may incur a fee. Credit card users should always double-check their card details before submitting a transaction.

- Viewpoint LLC will appear on your credit card statement.
- A Parent or Guardian's credit card will be accepted. They should be made aware of this transaction.

**WARNING:** Your credit card will be charged \$ 29.00 when you click on the button.

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Payment Information

First Name:

Last Name:

Middle Name:

Alias/Maiden Name:

Please Note: If you have an international address, please leave this field blank. Only provide if you have used an alias within the last 7 years.

Address:

City:

State:

Country:

Zip Code:

Current Residential Address

Address:

City:

State:

Territory:

Country:  For an international address, select "International" and select the foreign country name below.

Country:

Zip Code:

Please Note: If you have an international address, please leave this field blank.

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