



2021 ACVS CREDENTIALS APPLICATION

PAYMENT AUTHORIZATION

Name of Credentials Applicant: (print) _____

Application Fee: **\$1,150**

Payment must be received on or before **September 1, 2021**.

The ACVS is a 501(c)(6) tax-exempt organization. Tax amount charged: \$0.00

Check attached: # _____

Charge to: VISA MasterCard AmEx **Amount to be charged: \$**_____

Acct #: _____/_____/_____/_____

Expiration Date: _____/_____ CVV: _____

Signature: _____

Credit Card Billing Address (required):

Name on Card _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

Email _____

Please mail this form and payment to:
American College of Veterinary Surgeons
19785 Crystal Rock Dr, Suite 305
Germantown, MD 20874

Or fax to: 301-916-2287

Questions? Contact Jeff Melia at 301-916-0200 ext 102 or jmelia@acvs.org.