



# SOCIETY OF FINANCIAL EXAMINERS®

## INVOICE

### CRE Extension Processing Fee

COMPLETE IN FULL AND SUBMIT WITH PAYMENT

**BEFORE JANUARY 31**

PLEASE PRINT

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS *(required)* \_\_\_\_\_

TOTAL AMOUNT DUE: \$50

DATE DUE: DUE UPON RECEIPT

Complete, scan and email to [sofe@sofe.org](mailto:sofe@sofe.org) or contact Rhenda at 800-787-7633.

Payment Information:

Credit Card Company:  VISA  MasterCard  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

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

Cardholder's Signature \_\_\_\_\_

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