



**PAYMENT BY CREDIT CARD**

VISA \_\_\_\_\_ MC \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION \_\_\_\_\_

LAST 3 DIGITS ON STRIP ON BACK OF CARD \_\_\_\_\_

MAILING ADDRESS OF BILL...4 DIGIT PREFIX \_\_\_\_\_ ZIP \_\_\_\_\_

AMOUNT CHARGED TO CARD \$ \_\_\_\_\_

SIGNATURE IF MAILED \_\_\_\_\_

PHONE # IF ANY PROBLEMS OR QUESTIONS \_\_\_\_\_