



CREDIT CARD PAYMENT FORM – PLEASE COMPLETE AND RETURN WITH APPLICATION

CARDHOLDER NAME _____

BILLING ADDRESS _____

EMAIL ADDRESS _____ TELEPHONE NUMBER _____

AMOUNT TO BE CHARGED \$ _____

CIRCLE ONE: MASTERCARD VISA

CARD NUMBER _____ EXPIRATION DATE _____

THREE DIGIT SECURITY CODE ON BACK OF CARD _____

I AGREE TO PAY THE CHARGES IN ACCORDANCE WITH THE CARDHOLDER AGREEMENT

Cardholder Signature