



CREDIT CARD PAYMENT FORM

Type of Credit Card: Visa Mastercard AMEX

Credit Card Account # _____

Security Code _____ Expiration Date _____ / _____

Amount Charged \$ _____

Name on Credit Card _____

Street Address _____

City, State & Zip _____

Cell Phone _____

I am aware there will be a 4% service charge applied to the total amount billed.

Signature _____

Date _____