

**Credit Card Information**

**Card Type:**        MC   or   Visa

**Card Number:**        \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Customer Identification Number**        \_\_\_\_\_  
(three digit number on back of card)

**Amount of Charge:**        \$        \_\_\_\_\_

**Name:**        \_\_\_\_\_  
(as it appears on card)        **First**        **Middle**        **Last**

**Address:**        \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**City / State / Zip**

**Billing Address:**        \_\_\_\_\_  
(if different from above) \_\_\_\_\_

\_\_\_\_\_

**City / State / Zip**

**Phone Number:**        \_\_\_\_\_

**I agree to pay the above charges according to my credit card agreement.**

**Signature:**        \_\_\_\_\_        **Date:**        \_\_\_\_\_

**Authorization Code:**        \_\_\_\_\_

**FAX FORM TO: (509) 562-5687**