

CREDIT CARD PAYMENT FORM

OPTION 1:

Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Lot #: _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Amount to be Billed to Credit Card \$ _____

I understand there is a \$ _____ credit card fee for each transaction. (3.5%)

Frequency: Year _____

Monthly _____

Quarterly _____

One-time _____

Card Holder Signature: _____

OPTION 2:

Send me a bill by email please

Name: _____ Lot #: _____

Email: _____

Frequency: Year _____

Monthly _____

Quarterly _____

One-time \$ _____

I understand there is a \$ _____ credit card fee for each transaction. (3.5%)