

Credit Card Charge Form

___ VISA
___ Mastercard

Name _____

Account # _____

Expiration Date ____/____

Security Code ____

Address _____
(credit card billing address)

City, State Zip _____

Signature _____

Billing

All accounts not paid in full by the billing date will be assessed a finance charge of \$50 per month on the unpaid balance.

The undersigned is in agreement with the foregoing fee schedule, which will remain in effect until revised. Customer will be given a minimum of 30 days notice of any price schedule revisions. (\$25.00 fee on returned checks)

X _____

Date _____

Printed Name _____