

The Prairie Classic

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Payment for: _____

CC Number: _____ - _____ - _____ - _____

Exp: ____/____ CVS Code: _____ Billing Zip _____

Card Type: Visa MasterCard American Express

Amount to charge card: _____

4% Processing Fee

Office Use Only

Received Date: _____

Processed Date: _____

Processed By: _____