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Credit Card Payment Form

**This is NOT a membership application.
This should accompany what you need to make a credit card payment for.**

1. Please select one: 2.
 - MasterCard Card Number: _____
 - Visa Exp. Date: _____
 - Discover Card Code: _____
(on back of card)
 - American Express

3. Cardholder Name: _____
(as it appears on card)
4. Billing Street Address: _____
5. City: _____
6. State: _____ Zip Code: _____
7. Cardholder Daytime Phone Number: _____
8. What is payment for? _____

TOTAL TO CHARGE ON CARD: \$ _____

Signature: _____ **Date:** _____

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