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|---|-----------------|-----------|
| IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW: | | |
| CHECK CARD USING FOR PAYMENT | | |
| CARD NUMBER | | AMOUNT |
| SIGNATURE | | EXP. DATE |
| STATEMENT DATE | PAY THIS AMOUNT | ACCT.# |

| |
|---------|
| AMOUNT |
| PAID \$ |

ADDRESSEE:

