

Would it be quicker or easier to pay with a credit card?

Fill out this handy form and return it to us in the provided envelope.

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

VisaCard

Card Number:

MasterCard

Security Code: _____

AmericanExpress

Expiration Date: _____

Cardholder Signature: _____

Monthly Auto-Payment Option

YES, I authorize charging this account on the 15th of each month.