

FAX THIS COMPLETED FORM BACK TO 502-493-5065.

THIS PAGE WILL BE SHREDDED AFTER PROCESSING!!!

Please provide <u>ALL</u> of the requested information so we can charge your credit card.				
Name a	s it appears on the card	:		
Card Nu	ımber:			
Expirati	on Date:			
CVV or	Security Code (3 digits o	n back o	f MC, Visa, or Discover/4	digits on front of AMEX):
Phone r	number associated with	the cred	it card:	
Billing a	ddress for the credit ca	rd (the a	ddress printed on the cred	dit card statement):
Email A	ddress where we can se			
Invoices	s being paid:			
	Invoice Number		Amount Being Paid	
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