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CREDIT/DEBIT CARD PAYMENT SLIP

CARD TYPE: (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS)

CARD NUMBER: _____

EXPIRATION DATE: _____ (MONTH/YEAR)

SECURITY CODE: _____

CARD HOLDER'S NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ ZIP CODE: _____

AMOUNT TO BE CHARGED: \$ _____

SIGNATURE OF CARDHOLDER: _____