|  |  |
| --- | --- |
| Credit Card Authorization | COMPANY NAME123 Park Avenue, Michigan 69789 MIPhone: 123-456-7899Fax: 123-123-4567 |

COMPANY NAME accepts MasterCard and Visa for payment of fees. To pay fees using a credit card, simply complete and sign this form and attach it to your application.

## We process credit card payments upon receipt.

Please PRINT CLEARLY in blue or black ink.

|  |
| --- |
| APPLICANT’S INFORMATION |
| LAST NAME |  | FIRST NAME |  | MIDDLE NAME: |
|  |  |  |  |  |
| COMPANY NAME: |
|  |
| UNIQUE I.D. NUMBER (IF APPLICABLE): |
|  |
|  |
| CREDIT CARD INFORMATION |
| NAME AS IT APPEARS ON CREDIT CARD: |
|  |
| STREET ADDRESS: |
|  |
| APT / UNIT / P.O. BOX |
|  |
| CITY |  | STATE |  | ZIP |
|  |  |  |  |  |
|  |
| TOTAL AMOUNT DUE: |  |  |
|  |
| PAYMENT AUTHORIZATION |
| Please charge to the following credit card: |
| □ MasterCard | □ Visa |
| Exp. Date: | (month) |  | (year) |  |  |
|  |
| Credit card number: |  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  |  |
|  |
| If there is a problem processing this payment, we would like to be able to reach you by phone. |
| Optional (daytime phone number) | ( |  |  |  | ) |  |  |  | - |  |  |  |  |  |
| Card holder’s signature: |  |
| Date: |  |  |

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