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| Credit Card Authorization | COMPANY NAME  123 Park Avenue, Michigan 69789 MI  Phone: 123-456-7899  Fax: 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.

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| APPLICANT’S INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAST NAME | | | | | | | | | | |  | | | | FIRST NAME | | | | | | | | | | | | | | | | | | | | | | |  | | | MIDDLE NAME: | | | | | | | | | | | | | | |
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| COMPANY NAME: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| UNIQUE I.D. NUMBER (IF APPLICABLE): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CREDIT CARD INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AS IT APPEARS ON CREDIT CARD: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STREET ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APT / UNIT / P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY | | | | | | | | | | | | | | | | | | | |  | | | STATE | | | | | | | | | | | | | | | | | | | | | | | |  | ZIP | | | | | | | |
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| TOTAL AMOUNT DUE: | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PAYMENT AUTHORIZATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please charge to the following credit card: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ MasterCard | | | □ Visa | | | | | | |
| Exp. Date: | | (month) | |  | | | | (year) | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Credit card number: | | | | |  | | | |  | |  | | | |  | | | - | | | |  | | |  | | |  | |  | | - | |  | | |  | | |  | | | |  | | | - | | | |  |  |  |  |  |
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| 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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