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Client Name: _____

Amount of payment: _____

Name of the cardholder: _____

Billing Address: _____

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Type of card: VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____

Expiration Date (MM/YYYY): _____

Security Code (last 3 or 4 digits on back of card): _____

If you wish to receive copy of your receipt by return, please give us your fax number and check the appropriate box below:

- Yes, I wish to receive copy of my credit card payment customer receipt.
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Date

This form will be destroyed immediately after completion of the transaction.

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