

Credit Card Payment Form

Utilize this portion only if paying with a credit card

Type of credit card:

- MasterCard
- Visa
- Discover
- American Express

Name as it appears on card: _____

Billing Address: _____

Billing Phone Number: _____

Card Number: _____

Expiration Date: _____

By signing below, I agree that the credit card above will be charged the full renewal amount. In addition, I agree to pay an additional non-refundable 2.25% of the total amount due to cover the cost of the credit-card transaction and a one-time non-refundable processing fee of \$0.75.

Signature: _____