

CHARGE CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

1) To make a payment by charge card, please furnish the following information:

Type of Charge Card _____

Charge Account Holder's Name _____

Charge Account Number _____

Charge Card Expiration Date _____

2) For security purposes and to guard against fraud, we need the following information:

Numerical Address where Charge Card Bill is Mailed _____

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave. N., Robbinsdale, MN 55422, the "numerical address" entered on this line is; 4100)

Zip Code where Charge Card Bill is Mailed _____

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave. N., Robbinsdale, MN, 55422, the zip code entered on this line is; 55422)