

FORM FOR CREDIT CARD FOR REPLACEMENT

Name _____

Address _____

Credit Card Visa ___ MasterCard ___ American Express

Card number _____

I authorize payment of \$6.00. I understand an additional fee of .17 due to using a credit card for a total of \$6.17.

For _____

CVS# _____

I understand that the fee includes a convenience fee for the credit card

Signature _____

Date _____

I understand that the fee includes a convenience fee for the credit card