

**FORM OF PAYMENT:**

----- **Check (#-----)**                      **Money Order/Certified Check (#-----)**

----- **Credit Card\***              **VISA or MasterCard Only**

**Exact Name on Card** -----

**Number** -----

**Billing Address** -----

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**Expiration Date** ----- (MM/YY)              **3 Digit Security #**-----

**\*NOTE: An additional US\$10.00 administrative charge will be applied to each credit card payment.**