



CREDIT CARD PAYMENT FORM

Please print out and fax completed form to: 707-568-6463

Payment is for:

CREDIT CARD PAYMENTS

PLEASE CIRCLE: VISA MC AMEX

AMOUNT \$ _____

NAME ON CREDIT CARD _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE# _____ FAX# _____

CREDIT CARD # _____ EXP DATE _____

SIGNATURE _____