

## **AutoPay Registration Form**

Please fax back to 1-866-368-8536 Or mail back to: P.O. Box 12955 Chandler, AZ 85248

## **Customer Information**

Credit Card Information							
Name on Card: Billing Address (of the credit card):	Last First						M.I.
caru).	Street Address						Apartment/Unit #
Type of Card	City				State		ZIP Code
(circle one):	Visa	MasterCard	AMEX	Discover	E-mail Address:		
Card Number:							
Exp. Date (mm/yyyy): CVV Code (3-digit code on back):							
					y charge my credit every month in orde		
Signature:					Date:		