

## Credit Card Payment Option

\*There is a \$5.00 fee for credit card payments.

\*This form must be printed and mailed or faxed to our office.

Name on Card: \_\_\_\_\_

Amount to Pay:       \$ \_\_\_\_\_

Add Fee:               \$       5.00

Total Payment:       \$           

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification Number (3 digits on back): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Return this form to:  
Townsend Management  
820 Edgebrook Drive  
DeKalb, IL 60115  
(815) 787-7368  
Fax (815) 758-6753

Thank you!