



*Serving Lake and McHenry  
Counties for over 50 Years*

## Payment by Credit Card Form

Customer Name \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

  Card No.: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp. Date: 

--	--	--	--

  
month year

CVC+ 

--	--	--

\*Card Validation Code (Security Code). For Visa and MasterCard: the CVC appears on the back of your credit card in the signature panel. The code is the last three digits.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

*Please fax completed form to 847-662-7401*

*P.O. Box 68, Fox Lake IL 60020-0068 • Phone: (847) 662-7400 • Fax: (847) 662-7401*