



Date _____

Description of purchase:

Please include a copy of the document you are paying for as this will assure your payment is applied correctly.

FAX TO 503-986-4746

For Visa, Mastercard or Discover Charges Complete Information Below

Business Name _____

Name of Card Holder _____ Phone _____

Address of Card Holder _____ Zip _____

Receipt by fax or email only. Print E-mail address or Fax# _____

Signature _____ Total Charges _____

Card Number _____ Exp Date _____