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1031 S. Park Rd, #102 | Hollywood, FL 33021  
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www.activefilings.com

## OFF LINE PAYMENT FORM




Please, print, fill, sign and send this form by fax to: **1-800-609-2521**

1.- ORDER #:

2.- AMOUNT TO PAY **U\$S**:

3.- CREDIT CARD INFORMATION

Cardholder Name:			
Street:			
City:		State:	
Country:		Zip Code:	
Phone Nbr.			
Current Date (mm/dd/yyyy):			
Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover		
Credit Card Number:			
Exp. date (mm/yy):			
Credit Card Verifier:			

I authorize Active Filings.com to charge the above mentioned credit card.

**Handwritten please:**

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

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

ID Type: \_\_\_\_\_

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