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ACTIVEFILINGS, LLC

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Phone / Fax : 1-800-609-2521 - <http://www.activefilings.com>
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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\$\$**:

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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