



ALTERNATE PAYER FORM

I, _____ ID # _____, am paying for

(the buyer), in the amount of
\$_____.

Alternate Payer's Signature

Date

Address

City, State & Zip

Telephone & Fax

Credit Card #: _____

Type (Visa, etc.): _____

Expiration Date: _____

CVV number: _____

* CVV number – 3-digit code on back of card for VISA, MasterCard, and Discover, or 4-digit code on front of American Express cards.