



## Credit Card Payment Form

Please complete this form and either fax or mail to:  
AAJ Accounts Receivable • 777 6th Street, NW • Washington, DC 20001  
FAX 202-625-9017

Advertiser's Name \_\_\_\_\_

Amount Agreed \_\_\_\_\_

Cardholder \_\_\_\_\_

Home Phone \_\_\_\_\_

Cardholder billing address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card # \_\_\_\_\_

Type of card

Visa

MasterCard

American Express

Expiration Date \_\_\_\_\_

I have read and understood all terms and conditions including the terms of cancellation.  
My payment and signature below constitute acceptance of those terms.

Cardholders Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_