



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:

Bank Name:

Routing #

(for example 9 digits)

Account #

(for example 10 digits)

* Please ensure that you attach copies of one of the applicable:

- ✓ The front and back of your credit card, OR
- ✓ A voided check.