

# QUICK CHECK INFO FORM

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE &  
ZIP: \_\_\_\_\_

VISA/MASTERCARD CREDIT CARD  
#: \_\_\_\_\_

3 DIGIT SECURITY CODE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*\*\*ALL CREDIT CARD TRANSACTIONS WILL BE  
CHARGED A 2.2% HANDLING FEE\*\*\***