



Aspenglow Services, LLC
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Credit Card Authorization

Please print or type this information clearly and mail the form with your invoice stub to the address shown above. If you prefer, you may also fax this form to 360-272-1684.

AMOUNT PAID: \$ _____

FREQUENCY: One-Time Payment Monthly Quarterly

NAME ON CARD: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF CARD: VISA MasterCard American Express

CARD NUMBER: _____ CCV: _____ EXPIRES: _____

SIGNATURE: _____ DATE: _____