



CREDIT CARD PAYMENT FORM (Please Print Clearly)

Participant Name: _____ H.A.V.E.N. ID # _____

Please check ONE item:

- Initial Assessment Fee
- Monthly Fee (one-time payment)
- Monthly Fee (Recurring Payments until end of contract)
- OTHER: _____

Date of Transaction: _____ Visa MasterCard Discover AMEX

Credit Card Number: _____

Expiration Date: (Month) ____ ____ (Year) ____ ____ Sec: ____

Credit Card Billing Address: Please provide exact name as shown on card

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Cell Phone #: _____

EMAIL: _____

Amount Paid: \$ _____

Comments: _____

Signature _____