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ALTERNATE PAYER FORM

ALT PAYER NAME	_____	ID#	_____
ON BEHALF OF:	_____		
THE AMOUNT OF:	\$	_____	
SIGNATURE	_____	DATE	_____
ALT PAYER SIGNATURE			

ADDRESS:	_____		

CITY:	PROVINCE	POSTAL	_____
		CODE	_____
TELEPHONE:	_____		
CREDIT CARD:	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMEX <input type="checkbox"/>
CREDIT CARD NUMBER:	_____		
EXPIRATION DATE:	CVV#:	_____	