AAPFCO Payment

FEIN 52-0854569

(If Paying by Credit Card, please complete the following:)

Type of Credit Card: VISA_____ MasterCard _____ (Only ones accepted)

Card Number: _____
Expiration Date: _____/_____

Signature _____

Name _____

Address: _____ City: _____ State: ___ Zip: _____
(Name and Address must be exactly as it appears on credit card)

Mail to: AAPFCO
Attn: Jamey Johnson
1 Natural Resources Drive
Little Rock, AR 72205

FAX to : 501-219-1746