

# 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                              FAX to : 501-219-1746  
                  Attn: Jamey Johnson  
                  1 Natural Resources Drive  
                  Little Rock, AR 72205