

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 E-mail: jjamey108@gmail.com
Attn: Jamey Johnson
5511 Saint Regis Drive, Apt. 1
Benton, AR 72019