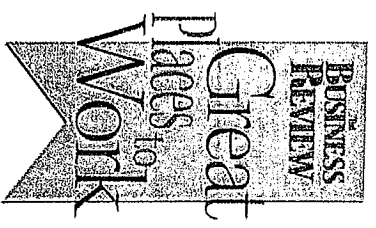


1720 Central Avenue  
Albany, NY 12205  
Office: (518) 869-5890  
Fax: (518) 869-5948



Credit Card Information Sheet

Please fill out completely

Type of Card (please circle one)     Visa     AMEX     Mastercard

Full Account #- \_\_\_\_\_

Expiration Date- \_\_\_\_\_

Security Code (back or front) - \_\_\_\_\_

Billing address- \_\_\_\_\_

\_\_\_\_\_

Name on Card - \_\_\_\_\_

Please sign below for authorization

\_\_\_\_\_

\_\_\_\_\_

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