

The Black Voice News

A BROWN PUBLISHING COMPANY

Subscription Online Quick-Pay Processing Form

Application Date:	1 st Delivery Date:	<input type="checkbox"/> Subscription Request	<input type="checkbox"/> Subscription Renewal	<input type="checkbox"/> Subscription Cancellation	<input type="checkbox"/> Address Change
-------------------	--------------------------------	---	---	--	---

APPLICANT'S INFORMATION

Please PRINT CLEARLY in blue or black ink.

Please enter the name of the person or company this payment is for.

LAST NAME:	FIRST NAME :	MIDDLE NAME:
COMPANY NAME:	TELEPHONE:	
STREET ADDRESS:	APT/UNIT/PO BOX:	CITY STATE ZIP+4:
FAX:	E-MAIL ADDRESS:	

PAYMENT OPTIONS

We accept Cash, Checks, MasterCard, Visa and American Express for payment of fees. Please complete, sign and Fax **Subscription Request Quick-Pay Processing Form to 951.276.0877.**

<input type="checkbox"/> 1 Yr Annual Rate 52 Issues \$50.00	<input type="checkbox"/> 2 Yr Discounted Rate 104 Issues \$82.00	<input type="checkbox"/> 3 Yr Discounted Rate 156 Issues \$106.00	<input type="checkbox"/> Sr. Annual Rate (65+ Yrs) 52 Issues \$25.00
--	---	--	---

CREDIT CARD PAYMENT

LAST NAME: (on Credit Card)	FIRST NAME:	MIDDLE NAME:
STREET ADDRESS:	APT/UNIT/PO BOX	CITY STATE ZIP+4

Please charge \$_____ to the following credit card: (Credit card payments are processed upon receipt.)

Visa CVV: _____ **Master Card CVC:** _____
 | | | | | - | | | | | - | | | | | - | | | | | Exp. Date: (Mo) ____ (Yr) ____

American Express CID: _____
 | | | | | - | | | | | - | | | | | Exp. Date: (Mo) ____ (Yr) ____

<i>Cardholder's Signature</i>	<i>Date:</i>	<i>Received By:</i> <i>Date:</i>	<i>Credit Card By:</i> <i>Date:</i>	<i>Typed By:</i> <i>Date:</i>	<i>Processed By:</i> <i>Date:</i>
-------------------------------	--------------	-------------------------------------	--	----------------------------------	--------------------------------------

Rev. 8/4/2010