

**REMITTANCE INSTRUCTIONS:**

**CREDIT CARD FAX BACK:** (Please complete below and fax back to attention of Accounting Department)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Debit Note No.(s): \_\_\_\_\_ Total Charge: \$ \_\_\_\_\_

Matter Reference No.(s): \_\_\_\_\_

Type of Card: \_\_\_\_\_ Expiration: \_\_\_\_\_

MC/Eurocard, Visa, AMEX, Discover



Signature: \_\_\_\_\_