

Name:		Property Address:	
Billing Zip Code:	Card Type : <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover		
Cardholder Name:		Amount:	+ 3% fee
Card #:	3 digit security code:	Expiration Date:	
I authorize the EPID to charge the credit card indicated in this authorization form according to the terms outlined above, including a 3% transaction fee. This payment authorization is for the goods/services described on this statement, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.			
Cardholder Signature:		Date:	

return this signed form by mail, fax 541-826-8738, or email epidist@centurylink.net