

AIVIE		Date of Birth.			
DDRESS:		PHONE:			
TY:		STATE:	ZIP: _		
PAYMENT: CASH: _	CHECK #:	CHG (circle one):	Visa MC	DISC	AMEX
CREDIT CARD #:					
EXPIR	RES:/ SECI	URITY CODE:		_	
EMAIL:					
	(\$40.00 FEE FOR A	NY RETURNED CHECKS)			
gnature:					
	Date:				