



Credit Card Monthly Payment Form

If you wish your payment to be charged to your credit card, insert your card number, expiration date and the amount in the appropriate spaces. By signing below, you are authorizing CIE to charge a monthly fee to your credit card. Please sign the authorization line and mail or fax this form directly to:

CIE, 301 Sovereign Ct., Suite 109, Ballwin MO 63011-4435

Or by fax 636-230-7243

Please Circle Card Type:

MasterCard

Visa

American Express

Discover

Credit Card Number (no dashes)

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Card Expiration Date

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Month Year

CID #*

Please Charge My Card \$31 Each Month.

Authorization Signature

Member #

Please Print Name

Telephone #

*A 3 digit number on the back of your card.

Please contact CIE at least 15 days prior to the 1st of the month that you wish to stop this automatic charge. Please retain a copy of this form for your records.

CIE, 301 Sovereign Ct. Suite 109, Ballwin MO 63011-4435

636-230-6243 F 636-230-7243

info@stlcie.com