

**CONSORTIUM FOR ENVIRONMENTAL RISK MANAGEMENT, LLC.
CREDIT CARD PAYMENT FORM**

* Please note that your bill will show this charge to "Environmental Management Consultants"

Payments may be made by credit card. In order for us to process your payment, we must have **ALL** of the following information:

Credit card type: Visa Mastercard American Express (select one)

Name on card: _____ (as it appears)

Card Number: _____

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Telephone No.: _____

Address for Receipts: _____

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Name of Company: _____

Please return by fax or e-mail

Fax to : ATTN: Tracey Reising

E-mail to: treising@emcevv.com

Consortium for Environmental Risk Management, LLC.

427 C Main Street

Evansville, Indiana 47708

Fax (812) 452-4787 // Phone (812) 452-4778

For Office Use Only

Project Number: _____ Date Submit to Acctng.: _____

Date Payment Received: _____ Acctng. Received by: _____

Approved by: _____ Receipt mailed to client: _____