



Credit Card Payment Form - Fax

I authorize the following payment to be made to JobMonkey, Inc.

Please charge my:

Visa ___ MasterCard ___ American Express ___ Discover ___

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder's Name: _____

Company Name: _____

Credit Card Billing Address:

Street: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Email Address: _____ Phone #: _____

Amount (in United States dollars): _____

Cardholder's signature: _____

Date: _____

Please print this form and fax/send/email it to us as follows:

Fax to us at: (877) 239-1463

Or email us this information to: EmployerHelp@JobMonkey.com

(Note: For security reasons, please send the above details spread over two or more emails)

Or send it by mail to: **JobMonkey, Inc.**

Attn: Accounts Receivable

PO Box 3956

Seattle, WA 98124

United States