



## Legend Titans

### Credit Card Payment request

Description  
of purchase \_\_\_\_\_

Total Due LHS

Credit Card # \_\_\_\_\_

Mastercard and Visa only

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Thank you for your payment.



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