



AMERICAN LAWYERS COMPANY

Since 1899

FAX TO: ALQ CONTRACT DEPARTMENT
(440) 871-9997

FROM: ALQ CUSTOMER # _____

RE: CREDIT CARD PAYMENT

I authorize **ALQ** to charge \$ _____ to my:

- VISA
- Mastercard
- American Express

Account Number: _____

Expiration Date: _____

Security Code: _____
(last 3 or 4 digits on back of card)

Name on Card: _____

Billing Address: _____

City _____ State _____ Zip _____

Signature: _____

Date: _____