



## PAID SUBSCRIPTION REQUEST

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Department/Mail Stop \_\_\_\_\_

City\* \_\_\_\_\_

State/Province\* \_\_\_\_\_

Country\* \_\_\_\_\_

Zip/Postal Code\* \_\_\_\_\_

Email Address\* \_\_\_\_\_

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Street Address\* \_\_\_\_\_

Department/Mail Stop \_\_\_\_\_

City\* \_\_\_\_\_

State/Province\* \_\_\_\_\_

Zip/Postal Code\* \_\_\_\_\_

Country\* \_\_\_\_\_

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**CREDIT CARD PAYMENT INFORMATION**

Credit Card Type\* \_\_\_\_\_

Card Number\* \_\_\_\_\_

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

Signature\* \_\_\_\_\_

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***Completed Pay by Credit Card forms should be mailed to:***

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