



ARBITRATION PAYMENT VOUCHER

Return this portion with payment

OFFICE INFORMATION ONLY:

Case #: _____

Enclosed is my filing fee of \$ _____ or please charge my credit card:

Visa Mastercard Discover American Express

Credit Card # _____ Exp date: _____

Billing Address: _____

Comment: _____

Date: _____

(Signature)

(Print Name)