



**CISEC, Inc.**  
P.O. Box 188  
Parker, CO 80134  
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**NEW CONTRACT OR CERTIFICATE PAYMENT FORM**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) ( )

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

➤ Processing fee for a new certificate: \_\_\_\_\_ at \$25 each = \$ \_\_\_\_\_

Print your name exactly as it is to appear: \_\_\_\_\_

➤ Processing fee for a new contract: \_\_\_\_\_ at \$10 each = \$ \_\_\_\_\_

Print your name exactly as it is to appear: \_\_\_\_\_

**Total of Fees to be paid = \$ \_\_\_\_\_**

Payment Information:  Check  VISA  MasterCard  American Express

**Please fill out the following only if you are paying by credit card**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Exact name as it appears on the credit card: \_\_\_\_\_

Mailing zip code of where this credit card is registered: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please send this completed payment form to**

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