

Balance Transfer Form

Please fill out and do not forget to sign the bottom portion of this form:

Card Issuer _____

Specific amount to pay _____

Account # _____

Payment Address

Card Issuer _____

Specific amount to pay _____

Account # _____

Payment Address

Card Issuer _____

Specific amount to pay _____

Account # _____

Payment Address

Card Issuer _____

Specific amount to pay _____

Account # _____

Payment Address

By signing below, I authorize you to bill my approved Sun East MasterCard Account in the amounts listed below. I understand that you will advise me if you are unable to process my payment request for any reason. In addition, Sun East will not be responsible for any charges billed to me for the account(s) indicated below. Your statement will reflect the balance transferred. All balance transfers are considered cash advances

Printed Name: _____

Signature: _____

Membership Number: _____

MasterCard Number: _____