ARMRIT®
www.armrit.org
2049 E. 67th Street. Brooklyn, NY 11234
armrit@msn.com

Replacement Authorization Letter

NAME: _____
First MI Last

ADDRESS: _____

CITY: _____STATE: _____ZIP: _____

Fee $25 (non-refundable):

Payment Options:

Enclose a Check or Money Order made payable to: ***ARMRIT***

Pay by Credit Card: (check one) MasterCard ___ Visa ____ American Express ____ Discover ____

Card Number: _____ Expiration Date: _____ Verification Code: _____
(On Back of Card)

Print Name on Card: _____

Authorized Signature: _____ Date: _____

Fax, Email, or Mail Form to: **718-347-8691**

For Office Use only: Payment Method: Check#/MO#/CC Approval #: _____

Transaction Date: _____

Processed by: _____