



FAX/Memorandum

eFMLA, Inc.
7406 Alban Station Court
Suite B-210
Springfield, VA 22150

To: eFMLA, Inc.

From: _____

Date: ____/____/____

Subject: eFMLA Invoice Payment

Please complete & fax to 262-314-0698, Attention: eFMLA Accounting

Invoice Date: ____/____/____ **Invoice #:** _____

Card Holder Information:

Company: _____

First Name: _____ Last Name: _____

Address: _____

City: _____, State: ____ Zip: _____

Email: _____

Phone: ____-____-____

Receipt: (If different from above)

Name: _____

Email: _____

Phone: ____-____-____

Amount Due: \$ _____ **Total Payment:** \$ _____

Card Holder Signature: _____

Printed Name: _____

Credit Card Number: _____

Expiration Date: ____ Month ____ Year

CSV Code: _____ (3 Digit MC/V/D, 4 Digit AMEX)