

RECEIVABLE PROTECTION PROGRAM (RPP) Application Payment Form

Company Name:							
Company Address:							
Company Address Continued:							
City:		State/Province:		Postal Code:		Country:	

***** **Payment Information** *****

Credit Card Information

Last Name:				First Name:				
Billing Address:								
Billing Address Continued:								
City:		State/Province:		Postal Code:		Country:		
Type of Credit Card:			<input type="checkbox"/>	American Express	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	VISA

Card Number:				Expiration Date:		
Security Code:				Payment Amount:		
Phone Number:						
Email Address:						

Fax Application and Payment Forms to:
(703) 317-9960

Mail Application and Payment Forms to:
HHGFAA
Attn: RPP
5904 Richmond Highway
Suite 404
Alexandria, Virginia 22303

Email Application and Payment Forms to:
info@hhgfaa.org
Subject Line: RPP Application

RPP Application Fee Structure

**\$250.00 if joining the RPP between:
July 1, 2007 – June 30, 2008**

**\$350.00 if joining the RPP between:
July 1, 2008 – June 30, 2009**

**\$500.00 if joining the RPP after
July 1, 2009**

WIRE TRANSFER INFORMATION:

PNC BANK
1700 DIAGONAL ROAD
ALEXANDRIA, VA 22314
Tel: 703.518.2434

Account Number: 5556703775
Routing Number: 031000053
Swift Code: PNCCUS33

Please add \$50.00USD to Cover Bank Processing Fee!

Please make payment in U.S. Dollars in full with no bank charges deducted from the total amount and charges to HHGFAA, Inc.

Include Company Name and "RPP Payment" in note section of Wire Transfer

Check Payments:

Checks are to be made payable to: HHGFAA, Inc.
Checks are to be issued in U.S. Dollars, drawn on an U.S. Bank