





Louisiana Fire Chiefs Association  
 P.O. Box 82531  
 Baton Rouge, LA 70884  
 Telephone: 225-767-7640  
 Fax: 225-767-7648  
 www.lafirechiefs.org

## LICENSE PLATE PURCHASE FORM

Information	
<b>Department:</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Mailing Address:</b>	
<b>City, State Zip:</b>	
<b>Primary Phone:</b>	
<b>Email:</b>	

Description - License Plate Purchase	Amount		
<p>The LFCA License Plates are \$10.00 each. The funds received for license plates purchased will be donated to the LFCA Foundation. Please make sure to include the mailing address where you would like your license plate shipped in the area above. <b>Please check off which cover you wish to receive and the quantity of each.</b></p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/>  <p>_____ Quantity</p> </div> <div style="text-align: center;"> <input type="checkbox"/>  <p>_____ Quantity</p> </div> </div>	<p>\$10.00 each</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"><b>Balance Due:</b></td> <td style="padding: 5px;"></td> </tr> </table>	<b>Balance Due:</b>	
<b>Balance Due:</b>			

**Payment Method:**

Check enclosed (payable to LFCA)

Credit Card (Check one):     VISA     Discover     MasterCard     AMEX

CC Account #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ V-Code: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Important Information:**

- To insure our office ships your license plate to the correct address, please return a copy of this invoice with your form of payment.
- **Please remit invoice and payment to:**  
**LFCA**  
**P.O. Box 82531**  
**Baton Rouge, LA 70884**
- Questions? Contact Jamie Freeman, (225) 767-7640 or lfca@tatmangroup.com.

<b>For Office Use Only:</b>
Date: _____
Pd \$ _____
Method: _____