



COQ Application Invoice

Property Name:
Management Company:
AHMA:

COQ Application fee - \$160

☐ Check/MO
(payable to local AHMA)

☐ AMEX

☐ MC

☐ Visa

Credit Card Number _____ Exp. Date _____

Name as it appears on card _____

Authorized Signature _____

****Please submit this payment, along with your COQ application, to your local AHMA.**