For Office Use Only

IERF Number: _____

Date: _____ / _____ / _____

Fees: _____

Authorization _____

CREDIT CARD INFORMATION FOR IERF'S INDEX OF SECONDARY CREDENTIALS

If you want to pay by credit card, please fill out the form below and submit it to IERF (you can fax the form directly to 310.342.7086). **NOTE: No refunds will be issued once an application has been submitted.** We recommend that you fill the form out online, print it, sign and date it, and send it, along with the your request for IERF's Index of Secondary Credentials, to our office. Alternatively, you can print the form and fill it out by hand.

Please note that IERF only accepts Visa or MasterCard

Name of Cardholder: *(as it appears on credit card: first, middle, last)* _____

Billing Address: _____
Number *street* *apt. #*

_____
city *state* *zip/postal code* *country*

I authorize IERF to charge my: *(check one)* ☐ Visa ☐ MasterCard in the amount of: $_____

Credit Card Number: _____ - _____ - _____ - _____

Security Code or CCV number: _____
(the 3-digit number that appears to the right of your card number on the signature strip on the reverse of the card)

Expiration Date: *(month/year)* _____ / _____

Signature of Cardholder: *(required)* _____ **Date**: _____

The signatory authorizes IERF to charge the amount for the requested services in U.S. dollars.