

For Office Use Only	
IERF File Number:	_____
Date:	____ / ____ / ____
Fees:	_____
Authorization	_____

**CREDIT CARD INFORMATION**

If you want to pay by credit card, please fill out the form below and submit it along with your completed Application form to IERF. **NOTE: No refunds will be issued once an application has been submitted.** If you have already submitted your completed Application form to IERF and did not include the credit card information, or if you wish to make an additional payment, please mail the form to IERF (you can also fax the form directly to 310.342.7086; be sure to include your file number as well, if applicable). We recommend that you fill the form out online, print it, sign and date it, and mail it along with the appropriate documents to our address below. Alternatively, you can print the form and fill it out by hand.

Please note that IERF only accepts Visa or MasterCard

**IERF File Number:** *(if applicable)* \_\_\_\_\_

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

**Name of Applicant:** *(if different from above)* \_\_\_\_\_

**Billing Address:**

_____	_____	_____	_____
<i>Number</i>	<i>street</i>	<i>apt. #</i>	
_____	_____	_____	_____
<i>city</i>	<i>state</i>	<i>zip/postal code</i>	<i>country</i>

**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 and agrees to be bound to all Terms and Conditions (including that all fees are non-refundable) as stated in the IERF Application Form.