



IREC use only

License #: _____
Receipt #: _____
Approved: _____

CREDIT/DEBIT CARD OR E-CHECK AUTHORIZATION FORM

Credit Card E-Check

Payment for: _____ Amount: _____

MasterCard Discover Visa American Express

Card Number:

| | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Card Expiration Date: _____

Cardholder Name: _____
(As it appears on the Credit/Debit Card)

Billing Address: _____
(Street Address)

(City) (State) (Zip)

Checking Account Holder Name: _____

Billing Address: _____
(Street Address)

(City) (State) (Zip)

Check Routing Number: _____ Account Number: _____

This document will be destroyed as soon as payment has been processed.