



Form Revised: 7/7/15

Information Resources, Inc. Credit Card Payment Authorization Form

Fax to form to: Information Resources, Inc. - Accounting
Fax number: 312-474-2202

Credit Card Type: _____

Credit Card Number: _____

Credit Card Verification: _____ *Three digit code on the back of card

Expiration Date: _____

Name on card: _____

Phone Number: _____

Billing Address: _____

Country: _____

Amount to be charged: \$ _____

Company Name: _____

Invoice number if applicable: _____

IRI Contact: _____

Authorization signature: _____