

IRA RESOURCES, INC

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858 459 1212 | 858 459 6565 fax | 888 322 6534

Your name: _____

Your account number: _____

PAY YOUR BILL			
PAYMENT METHOD:			
<input type="checkbox"/> Check enclosed	Check Number:		
<input type="checkbox"/> Charge my credit card	Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> One time charge <i>(the credit card will be charged the current amount due)</i>			
<input type="checkbox"/> Recurring charge <i>(the credit card will be charged for all administration fees as applicable)</i>			
Credit card number:			
Expiration Date:			
CVC Code:			
Name as it appears on the card:			
(please print)			
Billing Address: Street:			
City:		State:	Zip:
<input type="checkbox"/> Same as statement			
Please charge my credit card: \$ _____			
<i>By signing below, you acknowledge receipt of services described above in the amount of the total shown herein and you agree to perform the obligations set forth in your agreement with the credit card issuer. The charges will appear on your credit card statements as they are processed. Charges declined by the credit card issuer will constitute IRA Resources sending you an invoice for the amount owed plus any applicable late fees.</i>			
Authorized signature:			