



# CREDIT CARD PAYMENT FORM

**PLEASE PRINT ALL INFORMATION SO THAT IT IS LEGIBLE.**

Order Number : \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Borrower's Name: \_\_\_\_\_ Daytime phone number: (    )    -

Name, as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Street address only—City and State not needed)

Total Amount of Fees to charge to Card:    \$ \_\_\_\_\_

Mastercard or VISA number:

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

AUTHORIZATION SIGNATURE:  
 \_\_\_\_\_

**IRR-RESIDENTIAL AFFILIATE:** PLEASE FAX COMPLETED FORM TO CORPORATE WITHIN 24-HOURS TO (913) 261-1871.

<p><b>FOR IRR-RESIDENTIAL CORPORATE USE ONLY:</b></p> <p>Amount: _____</p> <p>Date entered: _____</p> <p>Approval Code: _____</p> <p>Entered by: _____ <small>(initial when complete)</small></p>	<p style="text-align: right;"><b>ORDER NUMBER:</b> _____</p> <p><b>CREDIT/REFUND TRANSACTIONS:</b></p> <p>Amount: _____</p> <p>Credit entered on: _____</p> <p>Approval Code: _____</p> <p style="text-align: right;">By: _____</p>
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