



## Credit Card Payment Form

Please enter your **credit card billing information**. This must match your credit card statement address.  
Fields in **bold** are required.

If you have questions, please contact Jessica Wade at 202-939-4750, ext. 0, or [jwade@clir.org](mailto:jwade@clir.org).

<b>Contact Information</b>	
<b>Name</b>	
Organization	
<b>Street Address</b>	
Address (cont.)	
<b>City</b>	
<b>State/Province</b>	
<b>Zip/Postal Code</b>	
Country	
Home Phone	
Work Phone	
FAX	
<b>E-mail</b>	
<b>Credit Card Information (CLIR accepts MasterCard or Visa only)</b>	
<b>Cardholder Name</b>	
<b>MasterCard</b>	
<b>Visa</b>	
<b>Expiration Date</b>	
<b>Billing Information</b>	
<b>Invoice Number</b>	
<b>Purpose of payment</b>	
<b>Amount to be Charged</b>	

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please fax completed form to Jessica Wade, Administrative Associate, at 202-939-4765 or email completed form to [jwade@clir.org](mailto:jwade@clir.org). An electronic receipt will be provided after payment authorization.