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CREDIT CARD AUTHORIZATION APPLICATION

Please answer each question on this application completely and fax to 602-504-9243. Thank You.

Name on Card:					
Company Name:					
Address:					
City, State, Zip:					
Card Number:					
Expiration Date:					
Type of Card:					
Authorized Signature:					
Printed Signature:					
Please check below:					
This is for single use:		Date:		Amount:	
This is for continuous use:					