



CREDIT CARD FORM

Dear Customer:

Please fill out the below form completely, making sure to include invoice number you are paying and your IEEE customer ID number.

Type of credit card: **American Express, VISA, MasterCard, Diners Club, Discover**

Name of Cardholder:

Zip Code for Billing Address on Card (US only):

Type of Credit Card:

Card number:

Expiration Date:

Daytime phone number, email, fax (in case we need to get in touch with you):

IEEE Customer ID #:

Invoice(s) :

Amount(s):

RECEIPT

_____ I would like a receipt faxed/mailed or email to my attention

Fax #:

Email:

Address:

Please email payment to ar-credit@ieee.org or fax to 732-981-9351.