



Credit Card Authorization

PO Box 9
Cedar City, UT 84721
Phone: 888-328-8008
Fax: 435-867-1042

Part 1 Account Owner Information

NAME (as it appears in your account application)	IRA EXPRESS ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		PHONE NUMBER

Part 2 Credit Card Information

CARD TYPE (choose one): <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER			
NAME AS IT APPEARS ON YOUR CARD	CARD NUMBER	SECURITY CODE	
EXPIRATION DATE	BILLING ADDRESS		
CITY, STATE, ZIP			

Part 3 Fees Charged

<input type="checkbox"/> NEW ACCOUNT FEE	<input type="checkbox"/> ADMINISTRATIVE AND TRANSACTION FEES	<input type="checkbox"/> CREDIT CARD UPDATE
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Check all that apply:

<input type="checkbox"/> ONE TIME FEE \$ _____ By checking this box, you authorize IRA Express to charge your credit card a one-time fee. IRA Express will not deduct any future fees from this card.	<input type="checkbox"/> ACCOUNT PROTECTION By checking this box, you are supplying IRA Express with your credit card information. You understand that if you do not have sufficient funds in your IRA Express account, IRA Express may apply these fees to your credit card.	<input type="checkbox"/> FUTURE ADMINISTRATIVE AND TRANSACTION FEES By checking this box, you authorize IRA Express to charge your credit card for future administrative and transaction fees.
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Part 4 Account Owner Signature and Acknowledgement

By signing below, you authorize your credit card to be charged for the option(s) chosen above. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.

SIGNATURE	DATE
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