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PAYMENT PROCESSING FORM

Credit Card information is required prior to providing interpreting services.

Date: _____

Company Name: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Name: _____ E:Mail: _____

Your Phone Number _____ Ext _____

ACCOUNT PAYABLE INFORMATION REQUIRED:

Accounts Payable Name: _____

Accounts Payable Phone: _____

Accounts Payable Email: _____

CREDIT CARD INFORMATION:

Name on Card: _____

Credit Card: (Circle One) Visa / MasterCard / American Express EXP DATE: _____

Credit Card Number: _____

Your signature below authorizes processing this credit card for payment, after services are provided and all future interpreting services rendered.

X: _____

<i>NIR OFFICE USE:</i>	<i>INVOICE# & AMOUNT</i>
<i>E-Mail Confirmation Y/N?:</i>	<i>NIR Initials:</i>

