

CREDIT CARD PAYMENT FORM

From:

To:

InterVarsity Press
Rights Royalty Department
P.O. Box 1400
Downers Grove, IL 60515
USA

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

Name on the card: _____

Expiration Date: _____

Amount: \$ USD

Signature: _____

Purpose of payment: _____

Please return your completed form to JULIE ISENBERGER the following:

Fax: (630) 734-4200
e-mail: jisenberger@ivpress.com