



The Pennsylvania State University
132 Land & Water Building
University Park, PA 16802
Secure FAX: 814-863-4178
Web: <http://www.rims.psu.edu/>

CREDIT CARD PAYMENT FORM

Please complete form, print, sign and fax to the secure fax line listed above.
To protect your confidential information, we recommend faxing this form and not scanning it in an email.

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Organization Name: _____

Name on Credit Card: _____

Billing Address: _____

Zip Code: _____

Phone #: _____

Email Address: _____

Credit Card Type: Visa MasterCard American Express

Credit Card #: _____

Security Code: _____ Expiration Date: _____

Payment for MRI facilities usage as follows:

Invoice #: _____

Payment Amount: _____
(balance of invoice)

Signature: _____

(Your signature allows us to charge your credit card the amount indicated on this form.)

This charge will show up on your credit card statement as a **charge from The Materials Research Institute**

If there are any questions, please contact the SIRO Business Office at 814-863-7844 or 814-863-0627.