



Credit Card Authorization Form

I. Student Information:

Student's name: _____

College ID: _____ Campus: _____

Division (circle one): Day or E/W Term payment to be applied: _____

II. Credit Card Information:

Type of card: (Circle one) Visa Mastercard Discover American Express

CREDIT CARD # _____ / _____ / _____ / _____

EXPIRATION DATE _____ / _____ Verification Code* _____ (Visa, MC & Discover-last 3 digits on back;
Amex-4 digits on the front)

Amount to be charged: \$ _____

Cardholder Name: _____

Cardholder's Signature _____

Mailing Address: _____ (Street Address, Apt. #)

_____ (City, State, Zip Code)

Phone Number: _____ (Home)

_____ (Work)

III. Information for Office Use:

Information Received by: _____ Date: _____

Transaction Processed by: _____ Date: _____

Authorization Code: _____