



CREDIT CARD AUTHORIZATION FORM

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

FULL NAME OF STUDENT: _____

MAJOR: _____ STUDENT ID: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CARD TYPE: _____
(ONLY VISA or MC)

CVV (back of card): _____

CARDHOLDER'S NAME: _____

BILLING ADDRESS: _____

AUTHORIZED AMOUNT: \$ _____

I agree with all terms and conditions of this transaction. I understand that this information will be used for purposes of verification with the credit card issuer/processors to prevent fraudulent usage.

This payment authorization is for the described above. I certify that I am an authorizer user of this credit/debit card and that I will not dispute the payment with my credit/debit card company; so long as the transaction corresponds to the terms indicated in this form.

CARDHOLDER'S SIGNATURE: _____

DATE: _____

Please attach a copy of your identification such as driver's license, passport, etc.

WE DO NOT ACCEPT AMERICAN EXPRESS AND DISCOVER CREDIT CARDS.