

# Third Party Vendor Credit Card Authorization Form

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| --- | --- | --- | --- | --- |
| Student Name(Last, First) | Student ID # orClient Reference # orLast Four digits of SSN | Invoice # | Semester | Payment Amount per student |
| EXAMPLE: Doe, Jane | 900-xx-xxxx | DBGT201030001 | Summer 2014 | $1600.00 |
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|  |  |  |  |  |
| Total amount to be charged |  |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Credit Card Number |  | Expiration Date |  | Name as it appears on the card |
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|  |  |  |
| Billing Address |  | Billing Zip Code / State |

A legible copy of the credit/debit card MUST accompany this form for authorization. If the name on the credit card does not match the name of the individual signing this form, an Authorized Signature list MUST also accompany this form that verifies which personnel have been permitted to serve as a certifying signatory for the above referenced account.

I hereby authorize University Name to charge the above referenced card in the amount indicated on this form. I understand that my signature on this form will serve as the authorized signature on the credit/debit card charge slip.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Cardholder / Authorized Personnel Signature |  | Date |  | Contact Phone |

For additional information or questions regarding your contract, please contact us at 123-456-7899

REMIT COMPLETED FORM & APPLICABLE COPIES BY FAX TO 123-123-4567

(Please note: To protect the security of your credit card information, submission by email will not be accepted.)

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