



**CREDIT CARD AUTHORIZATION FORM**

**CARD HOLDER NAME:** \_\_\_\_\_

**FOR WHOM (IF APPLICABLE):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

- TRANSCRIPT**
- HOUSING DEPOSIT**
- PAYMENT ON ACCOUNT**
- OTHER** \_\_\_\_\_

**TYPE OF CARD:**

- VISA**
- MASTERCARD**

**CARD #** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**3 DIGIT # ON BACK OF CARD:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**FAX SIGNED FORMS TO: (803) 376-5793**

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