



CREDIT CARD AUTHORIZATION FORM

CARD HOLDER'S NAME: _____

FOR WHOM (IF APPLICABLE): _____

DATE: _____

AMOUNT: _____

- APPLICATION FEE
- TRANSCRIPT
- HOUSING
- PAYMENT ON ACCOUNT
- OTHER _____

TYPE OF CARD:

- VISA
- MASTERCARD

CARD # _____ EXP: _____

3 DIGIT # ON BACK OF CARD: _____

ZIP CODE: _____

PHONE # _____

EMAIL TO: rgarway@allenuniversity.edu