

# credit card authorization

PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK

Complete this form and include with your registration form if paying by credit card. *One form is required for each student.* This form may be duplicated for additional registration payments. Please print all information.

For registration in:  Fall  Spring  Summer Year: \_\_\_\_\_

## Student information

\_\_\_\_\_

last name                      first                      middle

\_\_\_\_\_

street address

\_\_\_\_\_

city                                      state                                      zip code

\_\_\_\_\_

campus identification number *or* social security number

## Cardholder information (if different than student)

\_\_\_\_\_

last name                      first                      middle

\_\_\_\_\_

street address

\_\_\_\_\_

city                                      state                                      zip code

## Credit card information

\_\_\_\_\_

credit card number

\_\_\_\_\_

expiration date

\$ \_\_\_\_\_

total charge authorized\*

*\*If you miscalculate your charge, the College will adjust the amount accordingly.*

\_\_\_\_\_

cardholder signature                                      date

\_\_\_\_\_

phone (day): area code + number

\_\_\_\_\_

phone (eve): area code + number

- Visa
- MasterCard
- American Express
- Discover

*This form is effective as of August 15, 2006.*