



Purchase College

STATE UNIVERSITY OF NEW YORK

CREDIT CARD AUTHORIZATION FORM

We accept: Visa, Mastercard, Discover, and American Express

Campus ID: P

(8 digits Campus ID number)

STUDENT INFORMATION:

NAME: _____ PHONE NUMBER (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CARD HOLDER INFORMATION:

NAME: _____ PHONE NUMBER (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CREDIT CARD INFORMATION: Visa Mastercard Discover American Express

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CVV: _____ (security code)

PLEASE BE ADVISED IF YOU MISCALCULATE YOUR CHARGES, WE WILL ADJUST THE AMOUNT ACCORDINGLY.

EXPIRATION DATE: _____ AMOUNT TO BE CHARGED: \$ _____

CARDHOLDER'S SIGNATURE: _____ DATE: _____

Please complete and mail to: PURCHASE COLLEGE, SUNY
School of Continuing Education
735 Anderson Hill Road, Purchase, NY 10577
Or fax to: (914) 251-6515

For other ways to submit this form, call: (914) 251-6500