



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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CVV: _____ (security code)

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

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

CARDHOLDER'S SIGNATURE: _____ DATE: _____

PURCHASE COLLEGE
State University of New York
Office of Student Financial Services
735 Anderson Hill Road, Purchase, NY 10577
Tel: (914) 251-7000
Fax: (914) 251-6099 or (914) 251-6356