

PURCHASE COLLEGE CREDIT CARD AUTHORIZATION FORM

Please note: this form cannot be emailed and must be faxed, mailed or brought in person

WE ACCEPT

VISA **MASTERCARD** **DISCOVER** **AMERICAN EXPRESS**

STUDENT INFORMATION:

Campus ID: P

(8 digits Campus ID number)

NAME: _____ PHONE NUMBER (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

CARD HOLDER INFORMATION:

NAME: _____ PHONE NUMBER (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

CREDIT CARD INFORMATION:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

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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
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735 Anderson Hill Road
Purchase, NY 10577
Tel: (914) 251-7000
Fax: (914) 251-6099 or (914) 251-6356