



HOLY NAMES UNIVERSITY

CREDIT CARD CHARGE AUTHORIZATION

I authorize Holy Names University to charge \$_____

on my VISA___ MASTERCARD___ AMERICAN EXPRESS___ DISCOVER___
for the following goods and/or services:

Credit Card Number: _____

Expiration date: _____

3 digit authorization code (on back of card): _____

Name as printed on credit card: _____

Authorized signature: _____

Billing address: _____
(street) (apt) (city) (state) (ZIP)

Student ID: _____

Date: _____

Daytime phone number: _____

For office use only Posted on _____ by _____
