

# University of North Dakota – Graduate School CREDIT CARD AUTHORIZATION FORM

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Student's Name: \_\_\_\_\_

Cardholder's Name:  
(Exactly As Shown on the Card) \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Credit Card Type:       Visa     MasterCard     Discover

Credit Card Number: \_\_\_\_\_

Security Code (On Back of the  
Card by the Signature): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Zip Code of the Billing Address: \_\_\_\_\_

Amount Authorized:      \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

<i>Office Use Only:</i>	
<i>Student ID #:</i>	
<i>Purpose of Charge:</i>	
<i>Account to be Credited:</i>	