



# Credit Card Payment Authorization

## Office of Student Services

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Student Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please bill my credit card in the amount of \_\_\_\_\_

Account Type    ☐ Visa    ☐ Mastercard    ☐ AmEx    ☐ Discover

Credit Card No. \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purpose of Payment \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_