

CREDIT CARD AUTHORIZATION FORM

Student's Name: _____

____ CAS
____ HC undergraduate
____ Graduate

Student's I.D. Number: _____

Cardholder's Name: _____

Cardholder's Billing Address: _____

_____ MASTERCARD _____ VISA Expiration Date: _____

Amount \$ _____ Credit Card #: _____

CCV2 Number (the last 3 digits listed in the signature box located on the back of your credit card): _____

I authorize Queens to charge my card as payment for: _____

Authorized Signature Date Daytime Telephone Number

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