



Credit Card Authorization Form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential.

Student Name: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____

Name on Card:

Billing Address:

Credit Card Number:

Expiration Date:

Amount to Charge: \$ _____ (USD)

I authorize Columbia College to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____ Date: _____