

CARLOS ALBIZU UNIVERSITY

MIAMI CAMPUS

CREDIT CARD FORM

PLEASE COMPLETE ENTIRE FORM

DATE:

STUDENT NAME:

STUDENT I.D.#

STUDENT S.S.#

DAY TIME TELEPHONE NUMBER/CELL:

SOMETIMES THE INFORMATION DOES NOT COME THROUGH CLEARLY.

CARD NAME:

CREDIT CARD NUMBER:

EXPIRATION DATE: / /

CARD HOLDER'S NAME: (please print)

CARD HOLDER'S ADDRESS:

AUTHORIZED TO CHARGE ONLY: AMOUNT: \$_____

SIGNATURE: _____

***FAX BOTH FORMS TO THE FINANCE DEPARTMENT
FIRST FOR PROCESSING. THEY WILL FORWARD THE
REQUEST TO THE CORRESPONDING DEPARTMENT.***

FINANCE DEPT. FAX NUMBER: **(305) 592-1108**

TELEPHONE: (305) 593-1223 ext. 109 or 112