

UNLV Office of International Students & Scholars
Credit Card Authorization Form
Fax 702-895-0169

Please type or print clearly in BLACK ink

Student's Name _____

Student's ID# or Social Security Number _____

Student's Home Address _____

Credit card (please circle one)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS DINERS CLUB

Card Number _____

Expiration Date _____

Name (as printed on card) _____

Card Holder's Address _____

Phone Number _____

I authorize the use of the above listed credit card to pay the fees listed below to the University of Nevada, Las Vegas. I understand that the credit card transaction will occur on the transaction date listed above for the amount I have indicated. I understand that fee payment deadlines, and/or late fees are my responsibility. I further understand that I may be charged a penalty fee if the credit card company denies my credit card. I understand that a facsimile or photocopy of this form with my signature on it is the same as an original.

AMOUNT

\$ \$35.00

Card Holder's Signature _____ *Date* _____

FOR OFFICE USE ONLY

Deposit Account Number _____ Received by: _____