



UD Graduate School of Management

Credit Card Authorization Form

Please complete this form fax to (972) 721-4009.

STUDENT ID NUMBER: _____

PRINTED NAME: _____

SIGNATURE: _____

BILLING Address (below)

ADDRESS: _____

City: _____

STATE: _____

ZIP: _____

EMAIL: _____

PHONE: _____

FAX: _____

TERM: _____

FALL _____ SPRING _____ SUMMER _____

INTERMESTER _____

SELECT CREDIT CARD TYPE & ENTER AMOUNT TO BE CHARGED:

MASTERCARD

_____-_____-_____-_____- EXPIRES:_____/_____ AMT: \$_____

VISA

_____-_____-_____-_____- EXPIRES:_____/_____ AMT: \$_____

DISCOVER CARD

_____-_____-_____-_____- EXPIRES:_____/_____ AMT: \$_____

AMEX

_____-_____-_____-_____- EXPIRES:_____/_____ AMT: \$_____

PURPOSE: TUITION LECTURE SERIES MAKEUP/TAPES

APPLICATION FEE GRADUATION FEE

LATE GRADUATION FEE HOOD

INVITATIONS COURSE CHANGE FEE

OTHER _____

COMMENTS: _____