



EMPIRE STATE COLLEGE

06080—SA-43
F-169—Rev. 9/2002

Student Accounting
Two Union Avenue
Saratoga Springs, NY 12866-4390
518 587-2100

AUTHORIZATION FOR USE OF CREDIT CARD

PLEASE PRINT CLEARLY

I, _____, authorize Empire State College
(CARD HOLDER)

to charge my:

(Check one and complete)

- VISA Account #: _____ Expiration Date: _____
- MasterCard Account #: _____ Expiration Date: _____
- Discover Card Account #: _____ Expiration Date: _____
- American Express Account #: _____ Expiration Date: _____

For: \$ _____
(AMOUNT TO BE CHARGED)

Student's Name: _____ Student's ID #: _____

Student's Address: _____ Center/Unit: _____

Student's Phone #: _____

Card Holder's Name: _____
(PRINT) LAST FIRST M.I.

Card Holder's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Account Code _____ Amount \$ _____

Business Services of Center Approval: _____ Effective Date _____
(INITIALS) (DATE)

Authorization #: _____ Yr./Term _____

- 1) Business Services
- 2) Center
- 3) Student