



**Credit Card Authorization Form**

I, \_\_\_\_\_, hereby authorize Virginia International University, to charge my credit card account in the amount not to exceed: \$\_\_\_\_\_ for ( ) myself / ( ) \_\_\_\_\_  
Student's name

( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

As the credit card holder, I agree to pay the total amount as entered above. I agree to follow VIU's instructions for the refund of any charge.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Fax signed form to **1-703-591 7048**. No cover sheet is required

**\*\*Please provide a copy of the card along with this form. Be sure to lighten copies before copying\*\***

Place Credit Card Here

Copy of ID showing your signature  
OR  
Copy of back of credit card

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.  
VIU will keep all information entered on this form strictly confidential.