



Credit Card Authorization Form

Indiana University-Purdue University Fort Wayne
2101 E. Coliseum Blvd. Fort Wayne, IN 46805-1499



IMPORTANT:

DO NOT E-MAIL THIS FORM TO US. PLEASE FAX IT TO: 260-481-6674

Please charge \$50.00 application fee to the following card (circle one)

MasterCard Visa Discover

You must fill in all lines below.

Cardholder's Name (Print):	_____	Credit Card No.:	_____
Cardholder's Signature:	_____	Expiration Date: Month	_____ Yr _____
Cardholder's Address:	_____	Zip Code (If in the US)	_____
	_____	Student's Name (Print):	_____
Country:	_____	Phone Number:	_____

Thank you!