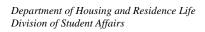
CREDIT CARD AUTHORIZATION





| RESIDENT/GUEST FIRST NAME | | | |
|---|----------------|--------------------------------|----------|
| 111011111111 | | . L | |
| CARDHOLDER INFORMATION – AS PRINTED ON THE CARD | | | |
| FIRST NAME | | LAST NAME | |
| BILLING ADDRESS – STREET | | BILLING ADDRESS CITY, STATE | |
| BILLING ADDRESS – ZIP CODE | | CONTACT PHONE NUMBER | |
| ☐ VISA ☐ MASTERCARD | | | |
| CARD NUMBER: | | | |
| CID OR CCV # (3 DIGIT CODE): EXPIRATION DATE: / | | | |
| TRANSACTION PURPOSE or DESCRIPTION OF SERVICES: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TRANSACTION CHARGES / TOTAL TO BE BILLED TO CREDIT CARD: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TERMS & CONDITIONS: By signing this form, you authorize the Tulane University Housing and Residence Life Office to charge your credit card for the purposes listed above and the amounts shown. Further, you understand that the transaction will occur within 2 business days of submission of this form. | | | |
| | | | |
| Signature | | Dat | te |
| OFFICE USE ONLY | | | |
| PROCESS DATE: | INVOICE #: API | PROVAL CODE: | BATCH #: |