

CREDIT CARD AUTHORIZATION

Department of Housing and Residence Life
Division of Student Affairs



RESIDENT/GUEST FIRST NAME			
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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 _____ Date

OFFICE USE ONLY			
PROCESS DATE: _____	INVOICE #: _____	APPROVAL CODE: _____	BATCH #: _____
REFUNDS / VOIDED			
PROCESS DATE: _____	INVOICE #: _____	APPROVAL CODE: _____	BATCH #: _____