



**Credit Card Authorization Form**

***Complete and sign this form to authorize Norfolk State University to make a one-time charge to your credit card listed below. Please submit the completed form via Fax to 757-823-8876.***

I, \_\_\_\_\_ (Full Name) authorize Norfolk State University to charge my credit card account indicated below for \$\_\_\_\_\_ (amount) on or after \_\_\_\_\_ (date) for \_\_\_\_\_ (description of service).

Card Type:	Visa	MasterCard	AMEX	Discover
Cardholder Name:	_____			
Credit Card Number:	_____			
Expiration Date:	_____			
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX):	_____			
Billing Address:	_____			
City:	_____	State:	_____	Zip Code: _____
Email Address:	_____			
Contact Phone:	_____			

I authorize Norfolk State University to charge the credit card listed above according to the terms outlined in this agreement. This payment authorization is for the goods/services described above, for the amount indicated above only and is valid for one time use. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_