Date Processed:



Columbia College Accounting Department Credit Card Billing Authorization Form

CREDIT CARD BILLING INFORMATION								
Student Name								
Authorized by								
Credit Card Type		□ VISA		Master Card			American Express	
Cardholder Name								
Credit Card Number								
CVC Number*				Expiration Date				
Cardholder Billing		Address						
Address	g	City		Province		Post	al Code	
Cardholder Number	Phone							
E-mail Add (for receipt purp								
PAYMENT OPTIONS (Please select one of the following payment options.)								
IVINE	OF HONS (F	lease select one of	t the follow	nng payment options). <i>)</i>			
TATMENT	OFTIONS (F	lease select offe of	T the follow	ning payment options	o. <i>)</i>		\$ Amount & Initial	
		t card once for the			o.)		\$ Amount & Initial	
Once	Bill my credit	t card once for the	following a		5.)		\$ Amount & Initial	
	Bill my credit	t card once for the this payment to the	following a	amount			\$ Amount & Initial	
Once	Bill my credit	t card once for the this payment to the	following a	amount g program/expense			\$ Amount & Initial	
Once Monthly Applicant a services macharge back	Bill my credit Please apply Bill my credit grees that all ay be immediaks are claimed	t card once for the this payment to the card once per moinformation provide ately terminated at	following and following onth for the ed is accurate Columbia tanding inv	amount g program/expense amount of service p rate and complete. A College's discretion voiced amount. Disp	provided Applicant a	arges	acknowledges that all s are declined or	
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