University of Hawai'i - West O'ahu CREDIT CARD AUTHORIZATION FORM

ALL FIELDS MUST BE COMPLETED

Date:	
Student's Name:	
Student's UH ID Number:	
I authorize the UNIVERSITY OF HAWAI'I - WES	ST OʻAHU to use <u>MY</u> credit card to pay for
(Purpose)	·
Credit card type (check one):	MasterCard
Total amount to be charged:	
Credit Card No:	
Expiration Date /	Fire customer service, call 0000000000 sectionary reconstrances character
Card Holder's Card Code: (Card code can be found in back of the credit card in the signature box.)	Authoritid Signature Shill A Schill Union Stores Sy using that each the harder agrees to all territorinder whole it was relied. This can't is assed by God Issuer Name) pursuant to license by MasterCard International.
	3 digit credit card verification number
Card Holder's Name: Last	First M. I.
Card Holder's Billing Address: Include City & Zip Code	
Card Holder's Phone No	
agree to pay for the above fee according to the NOTE: If paying for an application fee, by signir hat the application fee is valid only for the selent the application fee is non-refundable and	ng below you understand and acknowledge emester specified on the application and
Signature of Card Holder:	

Mail or fax the completed form to:
University of Hawai'i - West O'ahu
Business Office
91-1001 Farrington Highway Kapolei, HI 96707

Phone: (808) 689-2890 Fax (808) 689-2891