

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 - WEST O'AHU to use **MY** credit card to pay for

\_\_\_\_\_  
(Purpose)

Credit card type (check one):  VISA  MasterCard

Total amount to be charged: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Card Holder's Card Code: \_\_\_\_\_  
(Card code can be found in back of the credit card in the signature box.)



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. \_\_\_\_\_

I agree to pay for the above fee according to the card issuer agreement.  
**NOTE: If paying for an application fee, by signing below you understand and acknowledge that the application fee is valid only for the semester specified on the application and that the application fee is non-refundable and non-transferable.**

Signature of Card Holder: \_\_\_\_\_

Mail or fax the completed form to:  
University of Hawai'i - West O'ahu  
Business Office  
96-129 Ala Ike Street Pearl City, HI 96782  
Phone: (808) 454-4742 Fax (808) 453-6176