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Credit Card Authorization Form

Please complete this authorization in full. Be advised that the information contained in this form will be kept strictly confidential to protect you from credit card fraud.

Instructions

1. Complete the form by printing legibly with a dark pen in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the front and back of the signed credit card.
4. Fax this form, along with the photocopy of the signed credit card, back to us

STUDENT NAME: _____

Address: _____

Credit Card Type: ___ VISA ___ MASTERCARD ___ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

I, _____, understand the school policy and hereby authorize the University of North America to charge my credit card account in the amount of \$ _____ for the charges listed above.

Cardholder Name: _____ Signature: _____

PLEASE PRINT OUT THIS AUTHORIZATION FORM AND RETURN IT TO OUR OFFICE BY FAX: (703) 229-8265 OR BY REGULAR MAIL. PLEASE INCLUDE PHOTOCOPIES OF THE FRONT AND BACK OF YOUR CREDITCARD.