

Credit Card Charge Authorization

| Please fill out the following section | ons. | |
|---------------------------------------|-----------------|------------------|
| | | |
| Student Name | | ctcLink ID |
| | | |
| Course Number(s) | | Academic Quarter |
| | | |
| Cardholder Name | | |
| | | |
| Cardholder Address | | City, Zip code |
| | | |
| Cardholder Telephone Number | | |
| Card Number | Expiration Date | V-Code |
| eara wamber | Expiration bate | V code |
| Amount to be charged | | |
| | | |
| Card Holder Signature | | |
| | | |
| Contact Phone Number | Email Address | |

FAX: 206-934-0068