



**CREDIT CARD AUTHORIZATION FORM**

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ American Express: \_\_\_\_\_

Amount: \_\_\_\_\_

Please indicate whether card is:  Business  Personal

Business Name, if applicable: \_\_\_\_\_

Business address:  Same as billing address  Other (see below)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below, I give NSU authorization to charge my credit card for the above indicated amount.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Gift Purpose (For gifts In Memory or In Honor, please make sure that the individual's name and address to be notified is provided below):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to protect your personal information, please DO NOT email your credit card number. You may mail it or fax it to University Advancement