



409-880-8878 * [Http://dept.lamar.edu/careerandtestingcenter](http://dept.lamar.edu/careerandtestingcenter)
FAX: 409-880-8881

Credit Card Payment Authorization Form

Company Name: _____

Company Address: _____

City/State/Zip: _____

Physical Address: _____

State/Zip: _____

CREDIT CARD INFORMATION

Cardholder's Name: _____

Credit Card Type: _____

Credit Card #: _____

Security Code: _____ Card Expiration: _____

Amount: _____

Cardholder Signature X: _____