



RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

CREDIT CARD AUTHORIZATION FORM

To:

Date:

Telephone Number:

Credit Card
Number:

Authorized Amount:

Expiration Date:

CVV:

Card Type Master Card

I, _____, authorize _____ to charge my credit card
(Print Name) (Print Name)

account for the authorized amount above on or after _____. This payment is
(Date)

for _____. Thank you.
(Description of Goods/Invoice#/PO#)

Credit Cardholder's Signature

Date (MM/DD/YYYY)