



**Bucks County Community College**  
Dept. of Public Safety

1760 South Easton Road  
Doylestown, PA 18901  
Ph: 215.340.8417  
Fax: 215.343.6794

**CREDIT CARD AUTHORIZATION**

Company: \_\_\_\_\_

Student: \_\_\_\_\_ ID #: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Card Holder's Authorization:**

I, \_\_\_\_\_ (Print Cardholder's Name) authorize  
Bucks County Community College to charge the credit card below for the agreed  
amount of \$ \_\_\_\_\_.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation # (office use only): \_\_\_\_\_

Revised: March 2015

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**Credit Card Information:**

Card Holder's Name: \_\_\_\_\_

Card Type: ( ) VISA ( ) MASTERCARD ( ) DISCOVER ( ) AMERICAN EXPRESS

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ V Code (back of card): \_\_\_\_\_