

UNLV

4505 S Maryland Pkwy
Las Vegas, NV 89154

One-Time Credit Card Authorization Form

Please do NOT email this authorization form. Email is NOT a secure way of transmitting your card information.

Merchants should use this form for customer credit card charge authorization when point of sale terminals are not working. The top section should be kept with merchant records, the middle section should be handwritten and shredded after the transaction is processed, and the bottom section should be given to the customer.

Merchants, complete the following with the customer's information:

Cardholder Name (as printed on card): _____

Billing Address: _____ Phone #: _____

Last 4 Digits of Credit Card: _____ Card Type: _____ Email: _____

Transaction Amount: _____

Description of Goods/Services: _____

CUSTOMER SIGNATURE: _____ DATE: _____

By signing this form, I authorize payment of the amount listed above to be charged to my credit card and to be paid to the University of Nevada, Las Vegas. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am the cardholder and that I am responsible for this payment in accordance with the issuing bank cardholder agreement. I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment. A facsimile or photocopy of this form with my signature is considered the same as the original.

-----Shred After Processing-----

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Card Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

-----Customer Receipt Below-----

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One-Time Credit Card Authorization Receipt

Date:

Customer Name:

Cardholder Name:

Description:

Transaction Date:

Last 4 Digits of Credit Card:

Card Type:

Transaction Amount:

I authorize payment of the amount listed above to be charged to my credit card and to be paid to the University of Nevada, Las Vegas. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am the cardholder and that I am responsible for this payment in accordance with the issuing bank cardholder agreement. I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment. A facsimile or photocopy of this form with my signature is considered the same as the original.

Thank you!

CUSTOMER COPY