



University of Nevada, Las Vegas
Credit Card Authorization Form
 Cashiering and Student Accounts – Fax # (702) 895-1164

Student Name: _____

Student ID #: _____

Home Address: _____

Credit Card Type (circle one):

Visa / Master Card / Discover / American Express / Diners Club

Card Number: _____

Expiration Date (month/year): _____ CVV Code: _____

Name (as printed on card): _____

Card Holder's Address: _____

Phone Number: _____

I authorize payment of the amount listed below to be charged to my credit card and to be paid to the University of Nevada, Las Vegas. By signing below, I agree that I am the cardholder and that I am responsible for this payment in accordance with the issuing bank cardholder agreement. 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.

Payment Amount: \$ _____

Card Holder's Signature: _____ Date: _____

Please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information. Only use Fax as method of transmittal. Please fax this form to (702) 895-1164.