



UNIVERSITY OF NEVADA, LAS VEGAS

OFFICE OF PUBLIC AFFAIRS

Credit Card Authorization Form

Fax: 702-895-5488

PLEASE FAX the completed form to remit payment for campus filming permit fees.

Do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Film Permit Fee (Program Name) _____

Public Records Fee (Request #) _____

Credit Card (please circle one)

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Card Number: _____

Expiration Date: _____ / _____ CV code _____

Name (as printed on card): _____

Card Holder's Address: _____

Phone Number: _____

I authorize the use for the above listed credit card to pay the fees listed below to the University of Nevada, Las Vegas. I understand that the credit card transaction will occur on the transaction dated listed below for the amount I have indicated. I understand that fee payment deadlines, and/or late fees are my responsibility. I further understand that I may be charged a penalty fee if the credit card company denies my credit card. I understand that a facsimile or photocopy of this form with my signature on it is the same as an original.

PAYMENT AMOUNT \$

CARD HOLDER'S SIGNATURE: _____ **Date** _____