

2019 Rebel Debate Institute
University of Nevada, Las Vegas
Credit Card Authorization Form
Fax # (702) 895-4805

Name: _____

Billing Address: _____

Credit Card Type (circle one)

Visa / Master Card / Discover / Diners Club

Card Number: _____

Expiration Date: _____

Name (as printed on card): _____

Card Holder's Address: _____

Phone Number: _____

I authorize payment by the amount listed to be charges 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** _____