

**Credit Card Authorization Form**  
**Cashiering and Student Accounts**  
**UNLV Kinesiology and Nutrition Sciences**  
**Fax # (702) 895-2616**

*Please type or print in BLACK ink*

Student's Name \_\_\_\_\_

Student 's ID# \_\_\_\_\_

Student 's Home Address \_\_\_\_\_

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*Credit Card (please circle one)*

**VISA   MASTERCARD   DISCOVER   AMERICAN EXPRESS   DINERS CLUB**

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

Expiration Date \_\_\_\_/\_\_\_\_

Name (as printed on card) \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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I authorize the use of 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 date listed above 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. Please ensure that you complete this form in its entirety.

**AMOUNT**

\$ \_\_\_\_\_

**TUITION**

*Card Holder's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_