

**Credit Card Authorization Form
Cashiering and Student Accounts
UNLV Dietetic Internship Program
Fax # (702) 895-5081**

Please type or print in BLACK ink

Student's Name _____

Student's Home Address: _____

Credit Card (please check one)

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Card Number _____

Expiration Date _____ / _____

Name (as printed on card) _____

Card Holder's Address _____

Phone Number _____

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. Please print this form and sign before faxing or sending. If signing digitally, signature must be a verified digital signature.

AMOUNT:

\$ _____ **APPLICATION FEE**

Card Holder's Signature _____

Date _____