



RESEARCH CORPORATION  
OF THE UNIVERSITY OF GUAM

## CREDIT CARD AUTHORIZATION FORM

To:

\_\_\_\_\_

Date:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Credit Card  
Number:

\_\_\_\_\_

Authorized Amount:

\_\_\_\_\_

Expiration Date:

\_\_\_\_\_

CVV:

\_\_\_\_\_

Card Type Master Card

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card  
(Print Name) (Print Name)

account for the authorized amount above on or after \_\_\_\_\_. This payment is  
(Date)

for \_\_\_\_\_. Thank you.  
(Description of Goods/Invoice#/PO#)

\_\_\_\_\_  
Credit Cardholder's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)