## **CREDIT CARD PAYMENT AUTHORIZATION BY FAX/EMAIL**

Northwestern Theological Seminary FAX: 1-727-859-1956 / Admin@Northwestern-Email.com

Instructions: Fax or Email the completed and signed form. Print information clearly.

Applicant/Studen	t Number	:		
Card Holder's Nar	ne:			
	(PRI	NT as it appears on credit	card)	
Billing Address: _		THEO		
 (In	clude City & Z	Zip Code)	<u> </u>	
Phone Number: _	-    =	E-Mail Add	ress:	
Card Type: (Circle One)	VISA	MASTERCARD	AMERICAN EXPRESS	DISCOVER
Credit Card Numk (16 digits)	per: <u>-</u>			
Expiration Date: _ (Month / Year)	/		tion Number: on back of card)	
Authorized Charg	e Amount	:: \$(U.S. Currency)	80	
Reason for charge (V Check One)	2:			
Month Tuition	nly Payme	(Initial Payment) nt (Students) Offering		

By the signature listed below, I hereby authorize Northwestern Theological Seminary to charge my credit card for the amount listed above.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_