PRE-TERM CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return it to the Pre-Term Office by fax, mail or in person to the address below. Signed forms may be scanned and sent by e-mail.

Visa____ M/C___ Amex___ Discover ____ Amount (U.S. Dollars): $_____

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ _____/_____

Account Number Expiration Date (MM/YR)

_____

Print Cardholder's Name (as it appears on the credit card)

_____

City and State of Billing Address Zip Code

_____ _____

E-mail Address Contact Phone Number

_____

Name of Student (if different than cardholder)

_____

Signature of Cardholder Date

JOHNS HOPKINS
UNIVERSITY

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