Western Michigan University
Credit card forms - mail and phone

To use with mail in payments - suggested forms with registrations, etc.

Date __________

Customer Name ______________________________

Amount $ ________

Cardholder Name ______________________________

Signature of Credit Holder __________________________

__________ MasterCard __________ Visa ________ Discover

Credit card number ____________________________ Expiration Date ________

Telephone Number ____________________________

Address ________________________________

Description of Merchandise or Services ____________________________

Transaction Date ________

To accept charge card payments over the phone

Department ________________________________

Date ________

Customer Name ______________________________

Amount $ ________

Cardholder Name ______________________________

__________ MasterCard __________ Visa ________ Discover

Credit card number ____________________________ Expiration Date ________

Telephone Number ____________________________

Address ________________________________

Description of Merchandise or Services ____________________________

Transaction Date ________

Employee signature ________________________________

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