



Scheduling, Events and Conferences Credit Card Authorization

Cardholder Name: _____

Employer (if Corporate Card): _____

Event: _____ Reason for Charge: _____

Amount Authorized: _____ (USD) ####-####-####-_____

Phone Number: _____

Billing Address: _____

Billing City, State: _____ Billing Zip Code: _____

By signing below I authorize Willamette University to charge the credit card, below identified, to pay the stated above charges. This action may be taken by the University at a time agreed upon by both the University and the Cardholder and will be noted in the Letter of Agreement.

Upon conclusion of the agreed upon charge date, the bottom portion of this document will be detached and processed by the University Accounting office. Once the charges have been processed the bottom portion containing the credit card information will be shredded and a copy of the receipt can be obtained from the Scheduling, Events and Summer Conferences office.

Signature Date

-----Cashier: Please detach and return top portion -----

Credit Card Type:

____ VISA ____ MASTERCARD ____ DISCOVER ____ AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

