

THE UNIVERSITY OF MEMPHIS

Fax Credit Card
Payment Form
Secured Fax No.: 901-678-2772

Please Note: The shaded area will be completed by the customer.

Date:	_____	UOM ID: U <i>(If applicable)</i>	_____	Phone #:	_____
Customer Name:	_____		_____		
	<i>Last</i>		<i>First</i>		
Paying For:	_____	Term	_____	Amount \$	_____
	_____	Term	_____	Amount \$	_____
	_____	Term	_____	Amount \$	_____
				TOTAL \$	=====
Name on Card:	_____				
Billing Address:	_____ _____				
Required for Fax:	<i>I hereby authorize the University of Memphis to charge my credit card in the amount noted above.</i>				
Signature:	_____			Date:	_____
Circle One:	Visa	MasterCard	Discover	AMEX	

OFFICE USE ONLY					
Receipt Number:	_____	Cashier:	_____	Date:	_____
Reason Denied:	_____				
Contacted Customer:	YES	_____	NO	_____	Date: _____

<i>(Credit card information will be detached and shred once the transaction has been processed.)</i>	
Credit Card Account Information	
Credit Card No. :	_____ Exp. Date: _____