

WVU SHARED RESEARCH FACILITIES

CREDIT CARD AUTHORIZATION FORM

To make payment via MasterCard or VISA, please complete the following:

Contact Name: _____

Phone: _____ Date: _____

Company/Department/Unit: _____

User Name: _____ Advisor Name: _____

1. Credit Card Type: ___ MasterCard ___ VISA

2. Credit Card Number: _____

3. Expiration Date: _____

NOTE: Please indicate here the period of time this card can be charged (eg. through current semester, until end of year, through current fiscal year, etc...) _____

4. Security Code (3-digit # on signature line on the back of card): _____

5. Total Amount: _____

6. Card Holders Name: _____

7. Invoice Number: _____

Mail the charge card verification receipt? ___ Yes or ___ No

If yes, Mail to: _____

Please fax completed form to 293-6213, Attention: Martha White

or email: martha.white@mail.wvu.edu

Questions? Need more information? Contact Martha at 304-293-8281