



One Bernard Baruch Way
 Box D-901
 New York, New York 10010-5586
 New York,
 Tel: 646.660.6700
 Fax: 646.660.6701

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
 All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ AmEx

Credit Card Number: _____

Expiration Date: _____

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

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Print Name: _____

Signature: _____

Date: _____

Funds will be deposited in a Marxe designated account only managed by Baruch College, CUNY.

Departmental Approval (Business Manager): _____

Return the completed and signed form to: Fax: 646 660-6721 or Angelina.Delgado@baruch.cuny.edu