



Financial and Administrative Office
Credit Card Authorization Release Form

TO BE COMPLETED BY THE CARDHOLDER

I, _____ (Print your name) agree to have my credit card charged by LABI College. This credit card will be used for the authorized purchases or invoice payments. I understand that my payment will not be processed until this has been received by LABI College. Please Note** there is a 3% fee that will be added to all credit card transactions.

Payable To _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone : (_____) _____ Or (_____) _____

Reason: _____

Credit Card Number

Print Name of Card Holder

V-code: Last 3 numbers on the back of your card

Type of Credit Card

Expiration Date

Amount to be charged:

\$ _____

Name and Signature of person making request

Date

Office Use Only

Date request received: _____ Amount Approved: \$ _____

Date of credit card statement: _____

Signature of person reviewing statement

Date