

Western Michigan University
Credit card forms - mail and phone

To use with mail in payments - suggested forms with registrations, etc.

Date _____

Customer Name _____

Amount \$ _____

Cardholder Name _____

Signature of Credit Holder _____

_____ MasterCard _____ Visa _____ Discover

Credit card number _____ Expiration Date _____

Telephone Number _____

Address _____

Description of Merchandise or Services _____

Transaction Date _____

To accept charge card payments over the phone

Department _____

Date _____

Customer Name _____

Amount \$ _____

Cardholder Name _____

_____ MasterCard _____ Visa _____ Discover

Credit card number _____ Expiration Date _____

Telephone Number _____

Address _____

Description of Merchandise or Services _____

Transaction Date _____

Employee signature _____