

USER'S NAME _____
Last, First

CREDIT CARD AUTHORIZATION FORM for COMPUTER PURCHASE

THE WILLAMETTE STORE
WILLAMETTE UNIVERSITY
900 State Street
Salem, OR 97301

I, _____, authorize _____, to use my credit card.
(Please print) (Please print)

Credit Card Type: VISA ___ MASTERCARD ___ DISCOVER ___ (please check one)

Credit Card # : _____ Expiration Date ___/___/___

Name as it appears on Credit Card: _____

Card Holder's Telephone Number: _____

Signature of Card Holder: _____

No purchases will be made on your credit card until the card holder (or person authorized to use it) comes into the store to pick up their computer.

PLEASE FAX TO THE WILLAMETTE STORE
503-375-5466