



GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

Instructions:

This form is used to process credit card payments that cannot be completed online. Please complete the form and submit it:

- **By Fax** to (202)-784-7231
- **By mail to / in person** at:
 Student Accounts
 640 Massachusetts Ave NW
 Washington, D.C 20001

To protect your credit card information CCPE cannot accept completed forms via email.

To Obtain a Receipt:

Check here if you would like to receive a receipt by email for this credit card charge. Clearly print the e-mail address you would like a receipt sent to:

 Email Address

To: Student Accounts
 Fax: 202-784-7231
 From: _____
 Fax: _____
 Date: _____

Re: CREDIT CARD AUTHORIZATION FORM

GUID Number _____ NetID Number _____

I (print name) _____ authorize the Center for Continuing and Professional Education at Georgetown University to charge \$ _____ for
(list courses and course numbers) _____
 _____ to the following credit card:

Card Type (circle): Visa MasterCard American Express

Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____ Credit Card Holder's Signature _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Contact Telephone _____ Contact Fax _____

For the security of your sensitive information, please submit this form via fax at 202-784-7231

