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

1789

To:    Student Accounts Manager

Fax:    202-784-7231

From: _____

Fax: _____

Date: _____

**Re:**    **CREDIT CARD AUTHORIZATION FORM**

Student Full Name _____

I (print name) _____ authorize the Georgetown University Center for Continuing and Professional Education to charge $_____ for (*list courses*) _____ 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