

CREDIT CARD FORM

(Please Print Clearly and Fax to 484-365-8130)

I authorize Lincoln University to charge my credit card as follows:

❖ Student's Name: _____

❖ Student's Social Security #: _____

❖ Home Mailing Address: _____

City	State	Zip Code
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❖ Person's Name on Credit Card: _____

❖ Telephone Number: _____

❖ Type of Credit Card: _____

Visa *Mastercard* *Discover*

❖ Credit Card Account Number: _____

❖ Credit Card Expiration Date: _____

❖ Amount To Charge: \$ _____

Check one of the following boxes:

Tuition & Fees

Perkins

Other _____

Credit Card Holder Signature

Date