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Fax: (703) 890-3372
billing@uona.edu
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Credit Card Authorization Form

- * Be advised that the information contained within this form will be kept strictly confidential to protect you from credit card fraud.
- * Please be advised that there is a \$15.00 administrative fee when using this Credit Card Authorization Form. You may avoid this fee by paying in person or using our online payment option.
- * This form must be completely filled out to be considered
- * This service is being provided as a convenience to the student but there will be a \$15.00 fee

Instructions

- Fill out this form online and print your completed copy or
Print out a blank copy of this form, and fill it out printing legibly with a dark pen.
- Credit card holder must sign on the signature line indicated below.
- Fax or email this form to the University of North America attention: Business office
 - Email to: billing@uona.us
 - FAX to: (703) 890-3372

Student Last Name: _____ First Name: _____ Middle Initial: _____

Current address: _____

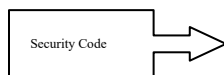
City: _____ State: _____ ZIP: _____

Amount due: \$ _____ **including administrative fee** Term: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER _____ American Express

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ / _____ / _____

Card Identification Number: _____



Cardholders Last Name: _____ First Name: _____ Middle Initial: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____ Phone Number: _____

I, _____, understand the school policy and hereby authorize the University of North America to charge my credit card account in the amount of \$ _____ for the charges listed above.

Cardholder Signature: _____