CREDIT CARD AUTHORIZATION			
Please mark:	Visa MasterCard	American Express	
Card Number:			
Expiration Date:	(mm) / (yy)	CVV Number:	
Amount to be charged:	\$ .	(3 or 4 digits)	
Card Holder's Name:		Student Name:	_
(as shown on the card) Card Holder's Address:		Apt/Suite#	_
	City	State ZIP	
	Phone Number ( )		
Authorizing Signature:			

Mail: Attn: Accounting

DigiPen Institute of Technology

9931 Willows Road NE Redmond, WA 98052 Phone: (425) 629-5025 or 5054

Fax: (425) 629-5047

Email: accounting@digipen.edu