

I authorize Antioch University New England to charge my credit card account in the following manner:

Cardholder's Name (*please print*) _____

Student's Name (*if different from cardholder name / please print*) _____

Cardholder Address _____
Street address

City / State / Zip

Canadian Province (*if applicable*) _____

Amount \$ _____

Card Type (*check one*) Visa Mastercard Discover American Express

Card Number: _____

Expiration Date: ____/____
Month/Year

Credit Card Security Code: _____

Visa, Mastercard, Discover - 3 digits found on rear of card

American Express - four digits found on front on card)

Cardholder's Signature _____ Date _____

IMPORTANT NOTICE FOR CREDIT CARD USERS

In accordance with our Merchant Agreement, if a credit card was used for payment, any refund within 90 days must be made to the credit card.

Please submit this form to the appropriate office:

Admissions Office

Tel: 603.283.2130

Fax: 603.357.0718

Registrar's Office

Tel: 603.283.2470

Fax: 603.355.1160

Student Accounts Office

Tel: 603.283.2490

Fax: 603.357.7563