



# Credit Card Authorization

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Student's Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
*(Please print as it appears on the card)*

Credit Card Type:  VISA  Discover  Master Card

Credit Card Number: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_ *(3 digit number on back of card)*

Expiration Date: \_\_\_\_\_ *(month/year)*

Cardholder's Phone Number: (    ) \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
*(Street/City/State or Province/Country/Postal Code)*

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I hereby authorize Dixie State College of Utah to charge the above credit card for:

*(Please check where appropriate)*

\$75 application fee  \$30 re-application fee

Other: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Total to be charged: \$ \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_  
*(month/day/year)*

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Please Fax this form to: (435) 656-4070

Or

Mail to:

International Student Services  
Dixie State College of Utah  
225 South 700 East  
St. George, Utah 84770  
U.S.A.