

University of Maryland Baltimore County  
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### CREDIT CARD PAYMENT FORM

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Invoice Number: \_\_\_\_\_ ILL/TN Number \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Description of Payment: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Charge to:  MasterCard  Visa  Discover  American Express

Credit Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder

Note: You may mail, fax, or attach this document to email. If you choose not to fax the credit card number, you may fax the signed form and call us to complete the transaction.