

Credit Card Processing Form – Office of Admissions

In order to process payments ALL fields must be completed.

Payment Received by	Mail:	Walk-Ins:	Phone:
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Personal Information

Student ID	
Name (Last, First, Middle)	
Social Security Number	
Date of Birth	____ / ____ / ____ (MM/DD/YYYY)

Application Details

Application Semester	Fall ____ Spring ____ Summer ____ - Year ____
Academic Career	Undergraduate ____ Graduate ____
Application Method	Web ____ Paper ____

Payment Information

Credit Card Type	MasterCard ____ Visa ____
Card Number	_____ - _____ - _____ - _____
Verification Code (3-digit)	_____
Expiration Date	____ / ____ (MM/YYYY)
Cardholder Name	
Billing Address	
Billing City, State, Postal	
Phone Number	
Email Address	

FOR INTERNAL USE ONLY

UNO Staff Member Name	
Date	