

# CREDIT CARD PAYMENT FORM

## Submission Instructions

To submit payment, please fax with invoice to Academic Scheduling at (202) 994-0282 or mail with invoice to Office of the Registrar, Academic Scheduling, 1922 F Street, NW, Suite 404, Washington, DC 20052.

Use this form for Room Rental transactions only (not for tuition payments or other university charges).

Organization Name \_\_\_\_\_ Reservation Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Phone \_\_\_\_\_ Cardholder's Email \_\_\_\_\_

I authorize the George Washington University to charge (amount in U.S. dollars) \$ \_\_\_\_\_ to the following credit card account:

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Type of Card (check one):  MasterCard  VISA

Credit Card Billing Address: \_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Expiration Date (MM/YYYY): \_\_\_\_\_

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

THE GEORGE  
WASHINGTON  
UNIVERSITY

WASHINGTON, DC

Office of the  
Registrar

Academic  
Scheduling  
1922 F St. NW  
Suite 404  
Washington, DC  
20052

Phone:  
(202) 994-4915

Fax:  
(202) 994-0282

*To best protect your financial information and support compliance with the Payment Card Industry Data Security Standard, credit card information should never be e-mailed. It may be faxed or mailed to our office, or submitted in person.*