

CREDIT CARD PAYMENT FORM

Submission Instructions

To submit payment, please fax with invoice to (202) 994-0282 or mail with invoice to Office of the Registrar, 2121 I Street, NW, Suite 301, 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**

2121 I St., NW,
Rice Hall 301
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.