

Office of the Bursar
Pratt Institute
200 Willoughby Avenue
Brooklyn, NY 11205
Tel: (718) 636 - 3539
Fax: (718) 636 - 3740

Date: _____

CREDIT CARD AUTHORIZATION – ALL FIELDS ARE REQUIRED

I authorize Pratt Institute to charge my account \$ _____ for term _____.

Credit Card Type: Circle One

VISA MASTERCARD AMEX DISCOVER

Card Number: _____ Security Code # _____

Expiration Date: _____

Student ID or SS Number: _____

Name of Student: _____

(Last) (First) (Middle)

Student's Email: _____

Student's Telephone: _____

Print Name of Person Authorizing Charge As It Appears on Credit
Card: _____

Authorizing Person's Telephone Number _____

Authorizing Person's Address

_____ City _____ State _____

Zip _____

Transaction Type: Circle One

MAIL IN WALK IN TELEPHONE ORDER

Signature of Person

Authorizing Charge: _____

DO NOT WRITE BELOW THIS LINE

Signature of Pratt Employee

Submitting Request: _____