

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

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

**CREDIT CARD AUTHORIZATION**

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: \_\_\_\_\_

Transaction Type: Circle One

MAIL IN WALK IN TELEPHONE ORDER

Signature of Person

Authorizing Charge: \_\_\_\_\_

Signature of Pratt Employee

Submitting Request: \_\_\_\_\_