

HOWARD UNIVERSITY

Office of Auxiliary Enterprises  
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The Office of  
Auxiliary Enterprises

## CREDIT CARD AUTHORIZATION

FOR SHORT-TERM VENDING AND LICENSING TRANSACTIONS

DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_  
*(PRINT NAME)*

BUSINESS NAME: \_\_\_\_\_

EVENT NAME/ DATES: \_\_\_\_\_

### EVENT TYPE: PLEASE CHECK ONE

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> SHORT-TERM VENDING    | <input type="checkbox"/> ATHLETICS      | <input type="checkbox"/> HOMECOMING   |
| <input type="checkbox"/> TRADEMARK & LICENSING | <input type="checkbox"/> SPECIAL EVENTS | <input type="checkbox"/> COMMENCEMENT |

DETAIL DESCRIPTION: \_\_\_\_\_

TO MAKE PAYMENT BY CREDIT OR DEBIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION AND EMAIL THIS FORM.

CARDHOLDER NAME: : \_\_\_\_\_  
Exactly As It Appears On The Credit/Debit Card - Please Print

- VISA       MASTERCARD       DISCOVER       DEBIT CARD

CREDIT CARD #:		<i>(Visa or Mastercard Logo Only)</i>	
SECURITY NUMBER ON BACK OF CARD:		EXP. DATE:	

### METHOD OF PAYMENT:

AMOUNT: \$ \_\_\_\_\_ ADDRESS: \_\_\_\_\_ STREET, CITY, STATE, ZIP CODE

PHONE #: \_\_\_\_\_ ALTERNATIVE #: \_\_\_\_\_

**I authorize Howard University to charge my credit/debit card for services rendered. I agree not to contest this charge upon approval of my credit.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_