

CLEVELAND CLINIC

CREDIT CARD PAYMENT – CUSTOMER AUTHORIZATION

I, _____ do hereby authorize charges initiated by the
(Card Holder Name)

Cleveland Clinic to my credit card for services rendered by the **School of Diagnostic Imaging**

on _____.
(Date)

Student Name: _____

Card Holder Name: _____

Address: _____

Transaction Amount: _____

<u>Card Type</u>	<u>Card Number</u>	<u>Expiration Date</u>	<u>BIN Number</u> *
VISA	_____	_____	_____
Master Card	_____	_____	_____
American Express	_____	_____	_____
Discover	_____	_____	_____

Card Holder Signature: _____

Date: _____

* BIN number is located on the signature line on the back of the card. The entire card number or the last four digits of the card number may precede the BIN number.