



### Credit Card Payment Form

<b>Term</b>	<input type="text"/>	<b>Date To Process Charge</b>	<input type="text"/>
<b>Amount \$</b>	<input type="text"/>		
<b>NSU/ID</b>	<input type="text"/>		

**I hereby authorize a charge to be made to my**

Visa                       MasterCard                       American Express

<b>Account Number:</b>	<input type="text"/>	<b>Expiration Date:</b>	<input type="text"/>
<b>Student's Name:</b>	<input type="text"/>	<b>Phone:</b>	<input type="text"/>
<b>Cardholder's Name:</b>	<input type="text"/>	<b>Zip Code:</b>	<input type="text"/>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print this form and fax to: 954-262-4020 or mail to:

Ms. Melissa Dore  
NSU Oceanographic Center  
8000 N. Ocean Dr.  
Dania Beach, FL 33004