GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

Instructions:
This form is used to process credit card payments that cannot be completed online. Please complete the form and submit it:

- **By Fax** to 703-812-3810
- **By mail to / in person at**:
  Student Accounts
  3101 Wilson Blvd., Suite 200
  Arlington, VA 22201

To protect your credit card information CCPE cannot accept completed forms via email.

To Obtain a Receipt:

☐ Check here if you would like to receive a receipt by email for this credit card charge.

_____
Email Address

To: Aaron Landers, Student Accounts Manager

Fax: 703-812-3810

From: _____

Fax: _____

Date: _____

Re: THIRD PARTY CREDIT CARD AUTHORIZATION FORM

Third Party Payer: _____
Company or Organization Name

Street Address: _____

City: _____

State: _____ Zip: _____

Contact Telephone: _____ Contact Fax: _____

I _____ (print name) authorize the Center for Continuing and Professional Education at Georgetown University to charge $_____.

for _____ (student name) / _____

_____ (list courses) to the following credit card:

Card Type (circle): Visa MasterCard American Express

_____
Card Number

_____
Expiration Date Security Code

_____
Name on Card Credit Card Holder's Signature

Fax the complete form to the Center for Continuing and Professional Education: 703-812-3810

For office use only:

Date Received: _____ Student GUID: _____ Manual Payment: ☐ Cost Center: _____

December 2011