



UNIVERSITY OF BALTIMORE  
1420 NORTH CHARLES STREET  
BALTIMORE, MARYLAND 21201  
PEOPLESFT  
Credit Card Authorization Form

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**Credit Card I.**

Master Card

Visa

Discover

American Express

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Payor (Name on Credit Card): \_\_\_\_\_

Amount: \_\_\_\_\_

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**Credit Card II.**

Master Card

Visa

Discover

American Express

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Payor (Name on Credit Card): \_\_\_\_\_

Amount: \_\_\_\_\_