

# COLLEGE CARD ORDER FORM

*Please print clearly*

COLLEGE/UNIVERSITY: \_\_\_\_\_ EXP DATE: MAY 2019

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

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE/CELL: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

IS THIS YOUR FIRST COLLEGE CARD? YES / NO

**PAYMENT:** CASH CHECK # \_\_\_\_\_ VI MC AX DS

CARD # \_\_\_\_\_

EXP DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

TOTAL AMOUNT: **\$30**

**SIGNATURE:** \_\_\_\_\_

*For Box Office Use Only:*

**ACCOUNT #** \_\_\_\_\_

EXP DATE: MAY 2019

ORDER TAKEN BY: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_

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

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

Card Ordered by: PHONE IN PERSON EMAIL

*Please Initial & Date:*

CARD CREATED \_\_\_\_\_ ID CONFIRMED \_\_\_\_\_ CARD PICKED UP \_\_\_\_\_

