

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 _____

