

PAYMENT BY CREDIT CARD REQUEST

If you wish to make your payment by credit card, please return this form to the BSC Business Office, PO Box 5587, Bismarck, ND 58506-5587 by the semester due date. Please ensure that you have available credit so your payment is not rejected by your credit card company. **Please note: two attempts will be made to the daytime telephone number listed below if your payment is declined by your credit card company. It is the students responsibility to ensure their account is paid in full by the designated payment due date for the semester.**

PLEASE PRINT ALL BUT SIGNATURE LINE AT THE END FOR LEGIBILITY

STUDENT NAME: _____ SS#: _____

CARD HOLDERS BILLING ZIP CODE: _____

TYPE OF CREDIT CARD (Please circle) VISA MASTERCARD DISCOVER AMER EXPRESS

NAME ON CREDIT CARD: _____

CREDIT CARD HOLDERS DAYTIME TELEPHONE #: _____

CREDIT CARD NUMBER: _____

V-CODE: _____ (This is located on the back of the card on signature strip, last 3 digits on right hand side)

AMOUNT: \$ _____ CREDIT CARD EXPIRATION DATE: _____

SIGNATURE OF CARD HOLDER: _____