

North Idaho College
Auxiliary Services
Credit Card Payment by Fax Authorization

Customer Information

Customer Name

Event Name

Invoice # Event Date

Card Holder's Information

First Name Last Name

Address

City State Zip

Email

Home Phone Cell Phone

Credit Card Information

Choose Credit Card type Visa Master Card Discover Card

Credit Card # Expiration Date 3 Digit Security Code
(Last 3 digits on the back of credit card.)

Charge Amount

Required Authorization

I authorize North Idaho College Auxiliary Services to charge the above referenced card for the amount specified to be used for the purchase of goods and services.

_____ Date
(Cardholder's Signature)

Fax completed and signed form to 208-769-7814