



NCATSU University Bookstore
Payment Authorization Form
Brown Hall, Greensboro, NC 27411
Phone: 336-334-7593, Fax: 336-334-7481
www.ncatbookstore.com

Name of Cardholder _____
(As it appears on card)

Address that Corresponds to Credit Card

Street _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Credit Card # _____ **3 digit code**** _____ **Exp. Date** _____

** Can be found on the back of the credit card

Visa **Master Card** **AMEX** **Discover** **Check** (mail to store, student account only)

Driver's License # _____ **Exp date** _____

Required for checks **Student Accounts Only**

Student Accounts Only:

Student Name (printed) _____

Student ID # _____

Dollar Amount \$ _____

(Restrictions If Any)

Signature (required for any credit card charge or student account)

Mail Order Only:

Mail to Address (if different than above)

Street _____

City _____ **State** _____ **Zip** _____

Phone # _____

Please **fax** or **mail** this information to the address above if **utilizing a credit card**.
Check payments to establish a Student Account should be mailed to the bookstore: