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BUSINESS OFFICE

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CREDIT CARD CHARGE AUTHORIZATION

PRINT CAREFULLY

YOUR NAME: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS: _____

CREDIT CARD TYPE: MASTER CARD VISA (other cards not accepted)

CREDIT CARD ACCOUNT #: _____

EXPIRATION DATE: _____

AMOUNT BEING AUTHORIZED: \$ _____

In the amount indicated, please charge the credit card listed above in payment of fees owed to The Lutheran Theological Seminary at Philadelphia.

YOUR **SIGNATURE** (required): _____

AUTHORIZATION DATE: _____

YOUR CONTACT INFORMATION:

OFFICE PHONE: (_____) _____

HOME PHONE: (_____) _____

FAX NUMBER: (_____) _____

E-MAIL ADDRESS: _____