



University Receivables and Collections Office
Room 334
475 Stadium Mall Drive
West Lafayette, IN 47909-2050
Phone: 765-494-9459

Name: _____

Date: _____

Credit Card #:

CCV Code:

Expiration Date: /

Amount: _____

Card Type: MasterCard Visa Discover

Billing Zip Code: _____

Signature

Phone #: _____

Do you require a receipt?

Special Notes: _____

