



Credit Card Use Authorization

1. **Full Name (student):** _____
2. **Card Type:** ___ Visa ___ MasterCard ___ Discover ___ American Express
3. **Card Number:** _____
4. **Expiration Date:** ____ / ____ (MO/YR)
5. **Term:** ___ One time authorization only ___ One year from date received

By signing below, you agree to the following terms and conditions:

- 1) You are an authorized signer for the Credit Card listed above.
- 2) You agree to allow your designated signee ("Student") to make purchases at the University Co-op.
- 3) You have supplied current billing information and agree to update the University Co-op should changes to card numbers or billing information occur.

Full Name (cardholder): _____

Signature (cardholder): _____

Date: _____

Special instructions:

Please fax this form to (512) 476-4613
Or mail to: University Co-op, Attn: Guest Services, 2246 Guadalupe, Austin, TX 78705