



OFFICE OF BUDGET & FINANCE
Accounts Receivables Unit
Hummingbird Ave. Tel: 501- 8 22-3115/3680
P. O. Box 340, Belmopan Fax: 501- 822-1107
Belize, Central America www.ub.edu.bz

Credit Card Authorization Form

Dear Sir/Madam:

This form allows the University of Belize to charge your credit card as authorized by you. Please provide the information requested below and return this form to us along with a copy of your ID** in order for this transaction to be processed. All information provided is kept confidential.

Please check payment type:

COBEC

Name: _____

Invoice Number: _____ Amount: _____

Date: _____

Terms and Conditions

I hereby authorize the amount stated above to be charged to my credit card.

Name of Card Holder (as it appears on card): _____

Credit/Debit Card Number: _____ Expiration Date: _____

CVV: _____

Address: _____

Issuing Bank: _____

The cardholder agrees by signing below that **all charges** will be incurred at the University of Belize and are duly authorized to be charged to the Cardholder's credit card indicated above.

Authorized Signature: _____

** Acceptable forms of ID are: Social Security card, driver's license, and/or passport