



Printable Credit Card Payment Authorization Form

Dear Customer:

For your convenience, we accept VISA and MasterCard. Please indicate method of payment below:

VISA/MasterCard |_____||_____||_____||_____|

Expiration Date (MM/YY) |__|/|__|

Student's Social Security Number |_____||_____||_____|

Amount \$\$\$ |_____|.|_____|

Zip Code |_____|

Signature _____

Date _____

Mail to:

Pearl River Community College
101 Highway 11 North
Poplarville, MS 39470

Fax to:

601-403-1203