



University of Nevada, Reno

Credit Card Authorization

Student Name: _____

Student ID: _____

Amount: _____

Credit Card Number: _____

Exp Date: _____ CVC # _____ Card Type: Visa / Mastercard / AmEx / Discover

Card Holder Required Information

Name on Card: _____

Credit Card Billing Address: _____

State: _____ Zip: _____

Check if International Card

I authorize payment for the amount listed to be charge to my credit card.

Signed: _____ Date: _____

In Payment of (description): _____

UNR USE ONLY : Cashier's Office – please post in:

____ **PEOPLESOFT**

____ **ADVANTAGE**

_____ \$60 app fee (1201-102-1202-68-04)

_____ \$75 exp mail fee (1201-102-1202-30-30)

_____ \$20 conditional app fee (1101-104-9904-68-04)

_____ \$75 Undergrad app fee (1201-105-0402-68-04)

_____ \$60 Speak test (1201-102-1202-68-09)

_____ other _____

Cashier's Office
University of Nevada, Reno/124
Reno, Nevada 89557-0124
(775) 784-6915 office
(775) 327-2296 fax