



Job Ticket #'s	SALES: _____
	GRPH (TSAAREV) GRPM (TSAMISC)
	SALES TAX: _____
	GSTX (TSAAREV) GSTM (TFAMISC)
CG Initials: _____ Date: _____	TOTAL AMOUNT OF DEPOSIT: _____

Credit Card Authorization Form Third-Party Vendors

If you would like to submit your payment online and cannot come to one of our campus locations, you may fax in your credit card payment by completing this form.

I, _____ give Allan Hancock College
(Cardholder's name – please print)

permission to charge up to \$_____ on my credit card to pay fees for

(Agency Name – Please Print)

Credit card/Debit card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Credit Card Number _____	
Card Street Address (number only) _____	Zip Code _____
(Example 123 Maple, you would enter 123)	
Expiration Date: _____	Security Code: _____
(MM/YY)	(3 or 4 digits)

Authorizing Signature: _____ Date: _____
(Cardholder Signature)

All fields must be complete in order to process your credit card transaction. Fax your authorization form to 805.922.3682 Monday – Friday, 8am -4pm.

Questions regarding your payment may be directed to the Santa Maria cashier services office, 805.922.6966 ext. 3270 or 3628.

Fax Authorization Disclaimer – You assume full responsibility for using fax credit card authorizations. The fax transaction is not guaranteed and you understand and agree that Allan Hancock College is neither responsible nor liable for any claim, loss or damage resulting from your use of fax credit card authorizations.