



Print this form and fax it to us:
PHONE: (832) 842-6164 and FAX: (713) 743-5258

Credit Card Authorization Form

For credit card purchases, fill out and sign this form where noted. Then fax the form to us. As soon as we receive the completed forms, we will process your order request.

I, as the Cardholder named below, authorize the University of Houston on behalf of its Department of UH Wellness to accept fax, e-mail, and mail orders. I have completed the below Credit Card Authorization Form in good faith, and I understand that any order is not valid until accepted by the University of Houston, who reserves the right to refuse any purchase or sales orders, either written or verbal. I understand that the University of Houston makes no warranties other than those set forth in this agreement or created by law in the state in which I reside. Upon the completion and signing of this form, I hereby authorize the University of Houston to charge the below credit card for the price of the item(s) or services provided.

Cardholder's Name*:

Cardholder's Address*:

City:

State:

Zip:

E-mail Address:

Daytime Phone:

Fax:

Credit Card Type:

Expiration Date:

Credit Card Number:

3-Digit Security Code:

Amount of Purchase (including shipping and tax if applicable):

Signature:

*The **Cardholder Name and Address** that you list on this form must match the information on the credit card for the authorization to be accepted by **Visa** or **MasterCard**.

Please note that we will process your credit card for authorization at the time of receipt. Also be advised that we do not share information provided to us with any third party. We take special care to make sure that all account and personal information is held in the strictest confidence.

Note: Modification of this Form Requires Approval of the Office of the General Counsel