

CREDIT CARD AUTHORIZATION

TO: University of North Texas
Graduate Admissions
P.O. Box 305459
Denton, Texas 76203-5459

Phone Number: (940) 565-2636
Fax Number: (940) 565-2141

FOR (Student Information):

Name: _____

UNT Student ID Number: _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____

Fax: _____

Credit Card Information

I, _____, authorize the University of North Texas to charge my credit card for the application fee of **\$50.00**.

My Credit Card Number is _____
expiration date _____.

Type of credit card: MasterCard Visa
 Discover Card American Express

Thank you,

Signature of credit card holder

Please print name as shown on credit card

Date