

**CREDIT CARD AUTHORIZATION**

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

Phone Number: (940) 565-2444  
Fax Number: (940) 369-8267

**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 **\$40.00**.

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