



## SAIT Residence Credit Card Charge Form

Date: \_\_\_\_\_

Resident Name (Please Print): \_\_\_\_\_

I, \_\_\_\_\_ authorize CCC/SAIT to charge my  
(Please Print Name)  
Credit card for the amount indicated below:

\_\_\_\_\_ \$ \_\_\_\_\_.

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

FOR STAFF USE ONLY	
Date Received: _____	Date Processed: _____
Amount Charged: _____	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card # disposed (date): _____	Staff Initials: _____

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Please check one:

Visa  MasterCard

Credit Card Number

Expiration Date