



Credit Card Processing Request

Department: _____	Date: _____
Prepared by: _____	Email: _____
	Phone: _____

*For accounts receivable, note the GR# in the description field and code to 10000-0000-1130

Credit FAST Account	Description of Sale	Amount
10000-00000-2022 GST		
10000-00000-2001 PST		
	Total	

Payment Information

Cardholder Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: Primary: _____ Alternate: _____

Payment Method: VISA MASTERCARD AMEX

Credit Card Holder Signature: _____

I authorize the University of Victoria to charge the above amount to my credit card provided above. I certify that I am the authorized cardholder and signer for the credit card information provided.

Credit Card Number: _____

Credit Card Expiry Date (mm/yy): _____ * Credit card number not to be kept on file

Return to Accounting Services, ASB B115 for processing