



GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

Instructions:

This form is used to process credit card payments that cannot be completed online. Please complete the form and submit it:

- **By Fax** to 703-812-3810
- **By mail to / in person at:**
Student Accounts
3101 Wilson Blvd., Suite 200
Arlington, VA 22201

To protect your credit card information CCPE cannot accept completed forms via email.

To Obtain a Receipt:

☐ Check here if you would like to receive a receipt by email for this credit card charge.

Email Address

To: Aaron Landers, Student Accounts Manager
Fax: 703-812-3810
From: _____
Fax: _____
Date: _____

Re: THIRD PARTY CREDIT CARD AUTHORIZATION FORM

Third Party Payer: _____
Company or Organization Name
Street Address: _____
City: _____
State: _____ Zip: _____
Contact Telephone: _____ Contact Fax: _____

I _____ (print name) authorize the Center for Continuing and Professional Education at Georgetown University to charge \$ _____ for _____ (student name) / _____ (list courses) to the following credit card:

Card Type (circle): Visa MasterCard American Express

Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____ Credit Card Holder's Signature _____

Fax the complete form to the Center for Continuing and Professional Education: 703-812-3810

For office use only:

Date Received: _____ Student GUID: _____ Manual Payment: ☐ Cost Center: _____