

Charge Card Authorization Form

Yale University, Historical Library
Cushing/Whitney Medical Library
333 Cedar Street
P.O. Box 208014
New Haven, CT 06520-8014 USA
Historical Library Phone, 203-737-1192

Date: _____

Individual/Library/Corporation: _____

Name as it appears on the card: _____

Address: _____

Phone: _____

E-Mail: _____

Explanation of payment: _____

VISA/MasterCard/ AmEX :

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Expiration Date: __ __ / __ __
Month / Year

CVV2: _____

Charge my card: \$ _____

Signature: _____

*For security reasons this form is being faxed to the Administration Office.
It will be shredded after a bank confirmation approval is received*

Fax #: 203-785-5636