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 :
Expiration Date: / Month / Year
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