

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
BUSINESS OFFICE
CREDIT CARD FORM

1. Today's Date:	2. Cashier Name:	3. Cashier Location: MSB B644	4. Circle One: Phone Mail In Person
5. Name:	6. Address:	7. Student ID# (office use only)	8. Telephone Number
9. Application Detail Code: A003	10. Transaction Description: GSBS at NJMS Application Fee		11. Amount: \$65.00
12. Circle One: Visa MasterCard Discover	13. Card Number:		14. Expiration Date:
15. Name on Card (if different from above)	16. Processing Cashier Name at LP (office use only)	17. Processing Date (office use only)	18. Approval Code (office use only)
19. Signature Required			

Processing Procedures

1. Enter today's date
4. Circle how transaction info was obtained: Phone or In-person
5. Enter name of student or person for this transaction
6. Enter person's address
7. If student transaction, enter student's ID number
8. Enter person's telephone number
13. Circle one of the card types
14. Enter credit card number
15. Enter the expiration date as follows, 02/04 (mm/yy or format on card)
16. Enter card holder's name if different from name above
19. Sign on signature line

Note: Do not include this form in your CRV bag. It should be shredded if you have a shredder, if not, keep forms in a folder to be picked up by the supervisor or manager for shredding.