

Trinity College Credit Card Processing Form

Card holder name (as appears on card) _____

Card holder billing address _____

City, State, Zip Code _____

Account number (Please include dashes) _____

MasterCard, Visa, American Express, and Discover _____

Credit Card expiration date (MM/YY) _____

* Security code _____

Transaction amount _____

Cardholder signature (If Available) _____

* - If the security code is not included the charge may not be able to be completed.