

CREDIT CARD PERMISSION FORM

Date: _____

*Cogswell Polytechnical College
1175 Bordeaux Dr.
Sunnyvale, CA 94089
Attn: Susie Leyva
Business Office
Fax: (408) 747-0765*

Cogswell College has my permission to charge my credit card in the amount of _____.

Credit Card Type: *Visa/MasterCard*
Credit card number: _____
Expiration Date: _____
My home address: _____

Print Name _____

Signature _____