

**MONTCLAIR STATE UNIVERSITY CREDIT CARD AUTHORIZATION
VISA, MASTERCARD, or DISCOVER CARD ONLY**

I, _____, representing _____ hereby
PRINT NAME PRINT COMPANY NAME

authorize MONTCLAIR STATE UNIVERSITY to charge \$ _____ to my
PRINT AMOUNT

_____ VISA, _____ MASTERCARD, _____ DISCOVER CARD
SELECT ONE

Account # _____
PRINT ACCOUNT NUMBER

Expiration date ____ / ____ / ____ . The purpose of this charge is to cover cost for participation in the MSU edTeXpo: Annual Conference 2004.

My signature below indicates that I have read and agree to the terms and conditions as listed at <http://frontpage.montclair.edu/edtexpo/vendors04.html>.

The name above, and signature below, must match that of the cardholder.

X _____
SIGNATURE

Please complete this form and fax or mail it with a copy of the front and back of the credit card you wish to use.

**AJ Kelton
EdTeXpo: AC04 Vendor Chair
Montclair State University
1 Normal Ave – Dickson Hall 401
Montclair, NJ 07043
Fax – 973.655.7725**

Internal Use Only

Date received _____

Received By _____

Date Charged _____

Authorization Code _____

Deposit to Account # _____