

**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
PRINT AMOUNT

my _____ VISA, _____ MASTERCARD, _____ DISCOVER CARD
SELECT ONE

Account # _____
PRINT ACCOUNT NUMBER

Expiration date ____/____/____. The purpose of this charge is to cover costs for participation in the MSU edTeXpo: Annual Conference 2005.

My signature below indicates that I have read and agree to the terms and conditions as listed at <http://frontpage.montclair.edu/edtexpo/vendors05.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 to.

**Roger Salomon
EdTeXpo: AC05 Vendor Chair
Montclair State University
1 Normal Ave – Partridge Hall 435
Montclair, NJ 07043
Fax – 973.655.5312**

Internal Use Only

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