

**CHARGE CARD AUTHORIZATION-VISA OR MASTERCARD  
BUSINESS OFFICE**

TO: Lassen Community College  
NRA Office  
(530) 251-8800 Office  
(530) 251-8883 FAX

Cardholder Information:

Name: \_\_\_\_\_

Street Address (must be provided): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ For Semester: Spring    Fall    Summer    Year: 200 \_\_\_\_\_

Apply To:

\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

Please Circle:    VISA    OR    MASTERCARD

# \_\_\_\_\_

Last 3 digits after account # on back of card \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize Lassen College to charge my account for the above registration fees:

\_\_\_\_\_  
Cardholder or Department Signature                      Date

**This charge is pending bank approval. Incomplete information will delay transaction.  
The Business Office will not be held responsible for confidential information faxed.**