

PRECOLLEGE PROGRAMS NONCREDIT PAYMENT FORM

Please complete this form along with the
Registration form and mail or fax to:



Fashion Institute of Technology
State University of New York

Fashion Institute of Technology
227 West 27 Street, Room SR10
New York, NY 10001-5992

Fax: 212 217.7964

Semester

SUMMER FALL SPRING

STUDENT INFORMATION

Date _____ Student ID number _____ Date of birth _____

Name _____
LAST FIRST MIDDLE

CREDIT CARD AUTHORIZATION FORM

Credit card being charged: American Express Discover MasterCard Visa

Cardholder name _____ Credit card number _____

Credit card expiration date _____ CSV number _____ Amount to be charged \$ _____

Authorized signature _____

Cardholder's telephone number _____