



Office of International Programs
 Benedict College
 1600 Harden Street MSC 677
 Columbia, SC 29204
 Tel: (803) 705-4527 Fax: (803) 705-7391
www.bcoip.net

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name (Exactly as it appears In Credit Card)

First:	Middle Name or Initial (If any):	Last:
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Billing Address (Include Zip Code):

Home Phone (Include Country Code):	Mobile Phone Number:
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Payment Purpose (Check All that Apply):
 Application Fee (\$60.00) Admission Fee (\$50.00) Housing Application Fee (\$50.00)
 Enrollment Fee (\$3,500.00) Tuition Payment: Partial Full Amount Paid: \$ _____
 Other (Please specify)

I Hereby Authorize Benedict College to Charge My:
 Visa Master Card

Credit Card Number:	Expiration Date:	Credit Card Security Code:
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Cardholder's Signature:	Date:
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If Paying Student Fee(s), Name of Student:	Student ID Number (If Known):
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If International Student, Country of Origin:

**PLEASE FAX THIS FORM TO (803) 705-7391, OR SUBMIT ONLINE
 THANK YOU**