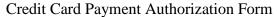
Georgetown Law

Office of Student Accounts

Phone: 202-662-9057 Fax: 202-393-8297





Please complete the following form and FAX to the Cashier's Office

Personal Information: Name (**Print**): _____ GU ID (If Applicable): E-mail Address: Telephone: Purpose: _____ Term/Semester: _____ **CREDIT CARD INFORMATION:** Please select card type: ____MASTERCARD ____VISA ____DISCOVER Card Number: Expiration Date: Name as it Appears on Card: _____ Credit Card Billing Address: _____ Amount: U.S. \$ Cardholder's Signature: _____ Date: ____ Please Fax Completed Form to the Following Number: 202-393-8297 **For Office of Student Accounts Use:** If Posted to S/A: If Allocated to Department: OSA initials: JV Number: Posting Date: JV Date:_____