

Credit Card Form

Fax: 304-929-1695
Pay by Phone: 304-929-0323
Cashier's Office Mail: Cashier's Office
 410 Neville Street
 Beckley, WV 25801

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Student ID Number (700/800)

or

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Last 4 Digits of Social Security Number

Date of Birth: ____/____/____

Student Last Name

First Name

Middle Name

Select one of the following:

- Diploma Copy Order \$75**
 Official Transcripts ____ x \$12 each. (For active students, the first official transcript is free).
Total: \$ _____

Billing Information

Name as on Card: _____

Mailing Address:

Billing Address: (leave blank if the same)

Or Fax to: (_____) _____ - _____

Phone: (_____) _____ - _____

I will pay by: Master Card Visa Discover

Credit Card Number:

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Expiration Date: ____/____

Verification Number: (on back)

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Signature: _____
Signature Date