

**Hartnell Community College
Credit Card Purchase Approval**

VISA/MC Cardholder Name _____

Cardholder's Signature _____

Sale Amount \$ _____

Card # _____ exp. _____ CVC# _____

CVC# is the last three numbers located on the signature strip of the credit card.

Cardholder Address, including zip code: _____

Telephone number: _____

Student Name _____ I.D#/SSN _____

***PLEASE FAX ALONG WITH YOUR
TRANSCRIPT REQUEST FORM
TO 831-759-6014***