

Hartnell Community College
Credit Card Purchase Approval

VISA/MC Cardholder Name _____

Cardholder's Signature _____

Sale Amount \$ _____

Card # _____ exp. _____ C#C _____

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