



## CREDIT CARD PERMISSION FORM

The following information may be mailed, faxed or delivered in person to the Aggie Ring Program.  
All information must be completed and signed by the card holder.

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### Student Information

I give my permission for the Aggie Ring Program to use my credit/debit card for the following:

Student's Name: \_\_\_\_\_

Student's UIN : \_\_\_\_\_

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### Payment Information

Credit/Debit Card:  Visa /  Mastercard /  Discover /  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Printed Name on card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

**Amount to be charged:** \$ \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Daytime/Cell phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

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**Aggie Ring Program**  
505 George Bush Drive  
College Station, TX 77840  
Telephone: (979) 845-1050  
Fax: (979) 862-2608