COMMONWEALTH INSTITUTE
of Funeral Service

CREDIT CARD FORM INFORMATION
Print Clearly or Type

Student's Name _____

Telephone Number _____

Please Check Credit Card Type: ____Visa   _____MasterCard   _____Discover/AMEX

Name on Credit Card _____

Address on Credit Card _____
                                        Street   City   State   Zip

Credit Card Number _____ Exp. Date _____

                                                                                              Security Code _____

Signature of Card Holder _____

Amount to be charged _____

Commonwealth does NOT keep credit card forms on file.
All credit card forms are used for a one-time charge only then shredded.

This form can be faxed to Commonwealth at 281-873-5232 -**or**- you can fill it out, scan it, and email it to r.altheimer@commonwealth.edu

By filling out and submitting this information you agree that this information is true and correct.
This information will remain confidential and used only for Commonwealth Institute of Funeral Service.