

Dakota County Technical College & Inver Hills Community College Continuing Education Credit Card Authorization Form

this form must be filled out by the credit card holder

Date: _____

Name on Card: (Please Print) _____

Company Name: _____

Contact Number: _____ Payor's Email: _____

Invoice Number/Student ID Number: _____

Student Name: (Please Print) _____

Please check card type Visa: _____ MasterCard: _____ Discover: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Payment Amount: \$ _____

Card Holder Signature: _____

By Checking this box, I authorize Dakota County Technical College to save my payment information for future purchases

Return via email Gina.Zimmer@dctc.edu or Fax form to 651-423-8762

Attention: Continuing Education

Please contact the Continuing Education Department for any questions or concerns:

Business office use only

Cost Center: