

# Idaho State University Credit Card Authorization

## Cardholder's Information

Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ (as it appears on the card)

Billing Address: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_ Inv./PO #: \_\_\_\_\_

## Vendor's Information

Vendor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_

Website: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Description of Services/Goods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:     All Charges Approved         Room Charges Approved Only

By signing this form, I (responsible party of this card) authorize the above vendor to collect payment for all listed charges as described to the above card. Charges must not exceed \$\_\_\_\_\_ for all goods/services. I certify that I am the authorized signer of the above listed card.

Cardholder's Printed Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**NOTE:** Vendor's might not honor the Idaho tax exempt status on the Idaho State University's travel card if the *Sales Tax Exemption Form* is not filled out correctly when provided to the vendor.