

CREDIT CARD AUTHORIZATION FORM for STCW CERTIFICATES

I authorize SUNY Maritime College Student Affairs Office (Licensing Department) to charge this credit card number for payment of STCW certificate(s). This form must accompany the certificate request form if paying by credit card.

Date:				
Credit Card Type:	Visa 🗌	M/C	Last four (4) digits	s of credit card
	Disc 🗌	AMEX	Amount: \$	
Student ID#:			Graduation Date: _	
Full Student Name:				
Cardholder Name (print):			
Cardholder Signatu	re:			
Address:				
City:			State:	Zip:
Phone #:			Alternate Phone #:	
Email Address:				
			ripts, generate the re certified mail to the a	placement certificate, ddress listed on this
If you have question	ns, please cor	ntact Ms. Raina	Barnes at <u>rbarnes@</u>	<u>sunymaritime.edu</u> .
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Credit Card #:				
Security Code:				
PLEASE FAX CO			IORIZATION FORM WI I TO 718-409-4735.	ITH THE CERTIFICATE

OFFICE OF STUDENT AFFAIRS

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