



7301 Germantown Avenue
Philadelphia, PA 19119
BUSINESS OFFICE
Phone: 215-248-7311
Fax: 215-248-7349
Email: mnowar@ltsp.edu

CREDIT CARD CHARGE AUTHORIZATION

PRINT CAREFULLY

YOUR NAME: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS: _____

CREDIT CARD TYPE: MASTER CARD VISA (other cards not accepted)

CREDIT CARD ACCOUNT #: _____

EXPIRATION DATE: _____

AMOUNT BEING AUTHORIZED: \$ _____

In the amount indicated, please charge the credit card listed above in payment of fees owed to The Lutheran Theological Seminary at Philadelphia.

YOUR **SIGNATURE** (required): _____

AUTHORIZATION DATE: _____

YOUR CONTACT INFORMATION:

OFFICE PHONE: (_____) _____

HOME PHONE: (_____) _____

FAX NUMBER: (_____) _____

E-MAIL ADDRESS: _____

Submit form to office to which accompanying materials (registration, admissions, housing, etc.) are being sent. If no accompanying materials, submit directly to Business Office.