



CENTER *of*
SOUTHWEST
STUDIES
FORT LEWIS COLLEGE

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Durango, CO 81301-3999
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Credit Card Intake Form

Purpose: This form enables users to make payment to the Center for photo reproductions and other fees by using a credit card (in person, by letter, phone, or fax - but not by email, due to security considerations).

Date: _____

Name (printed legibly): _____

Address (street or PO): _____

City, State, and Zip Code: _____

Phone number: _____

Description of sale: _____

Type of credit card: _____
Mastercard VISA Discover

Credit card number: _____

Expiration date: _____

Amount of charge: \$ _____