

CDC Office Use  
 Date Received \_\_\_\_\_  
 GB \_\_\_\_\_  
 Fall \$ \_\_\_\_\_  
 Winter \$ \_\_\_\_\_



Career Development Center  
 1200 E. California Blvd., MC 310-87 • Pasadena, CA 91125  
 phone (626) 395-6361 • fax (626) 395-6553

Forms must be emailed to [careerfair.payments@caltech.edu](mailto:careerfair.payments@caltech.edu) or faxed to 626.395.6553 for processing.

**CREDIT CARD AUTHORIZATION FORM**

PAYMENT FOR:  FALL 10/17/17  
 WINTER 1/30/18

Check this box to HOLD your registration until a check arrives. In the case that a check is not received by 10/13/17. I AUTHORIZE CDC to charge the full amount owed. (This is required if a check will not be received by the payment deadline.)

COMPANY \_\_\_\_\_

INVOICE NUMBER \_\_\_\_\_

CARD HOLDER NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

CVV 3 DIGIT CODE \_\_\_\_\_

CARD EXPIRATION DATE \_\_\_\_\_

\$ \_\_\_\_\_

CHARGE AMOUNT \_\_\_\_\_

VISA

MASTERCARD

AMERICAN EXPRESS

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

In the event that additional fees are incurred at a later date for 1)extra recruiters 2)extra table and/or 3)request for electricity I agree that this card may be charged for that purpose \_\_\_\_\_ (please sign)

**For CDC Office Use:**

Processor's Initials	_____	<input type="checkbox"/>	<b>Two Fair Special</b>
Process Date	_____	<input type="checkbox"/>	Fall Early
Payment approved?	_____	<input type="checkbox"/>	Fall Standard
Date entered into NACElink	_____ / _____	<input type="checkbox"/>	Fall Late
Date submitted for deposit	_____	<input type="checkbox"/>	Winter Early
Deposit Receipt Received	_____	<input type="checkbox"/>	Winter Standard
Initials	_____	<input type="checkbox"/>	Winter Late



OFFICE  
 USE:  
 Attach  
 Receipt

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