

University of Medicine and Dentistry of New Jersey
Business Office
Credit Card Form

1. Today's Date	2. Student Name	3. Cashier Location SSB Newark	4. Circle One: In Person –or- faxed to CTC
5. Date of class(es)	6. Address	7. Student ID #	8. Telephone Number
9. Leave BLANK	10. Transaction Description: ACLS/PALS/BLS CPR/etc.		11. Amount
12. Credit Number	13. Circle One: Visa MasterCard Discover		14. Expiration Date
15. Exact name on card	16. Processing cashier name at LP	17. Processing Date	18. Approval Code

Processing Procedures

1. Enter today's date
2. Name of student enrolled in CTC Class
3. Enter cashier location i.e., SOM, RWJMS, or NJMS
4. Circle how transaction info was obtained: Phone or person
5. Enter name of student or person for this transaction
6. Enter person's address
7. If student transaction, enter Student's ID number (for UMDNJ students only)
8. Enter person's telephone number
9. Leave this BLANK
10. Enter transaction description, i.e., ACLS/PALS/BLS CPR/etc.
11. Enter dollar amount to be charged (see fees on website registration)
www.theuniversityhospital.com
12. Enter credit card number
13. Circle one of the card types Visa/Master Card/ Discover.
14. Enter the expiration date as follows, 02/04 (mm/yy or format on card)
15. Enter card holder's name if different from the one mentioned above

NOTE: Once boxes 1-15 are completed, fax form to the UMDNJ CTC at 973-972-6703 or hand deliver. Boxes 16-18 are to be completed by the cashiers office ONLY.

NOTE: LP cashier should update comment section for student when credit cards are declined.