



Inter American University of Puerto Rico

School of Optometry  
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Name: \_\_\_\_\_

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Address: \_\_\_\_\_

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Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Telephone: \_\_\_\_\_

I authorize the Bursars Office of Inter American University School of Optometry to charge the amount of \$ \_\_\_\_\_ to my credit card.

Last four digits of credit card: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments \_\_\_\_\_

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THIS INFORMATION WILL BE REMOVED TO BE DESTROYED AFTER TRANSACTION

VISA

MASTER CARD

DISCOVER

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_