

Aztec Shops Credit Card Authorization Form

SDSU Dining – Meal Plans

I, _____, hereby authorize Aztec Shops Ltd. to make charges to my Credit Card for the meal plan/deposit purchase total of \$ _____.

American Express

MasterCard

Visa

Discover

Credit Cardholders' Name: _____

Last 4 Digits of Credit Card Number: _____

Red ID #: _____

*****We will contact you to provide full credit card number *****

Credit Card Expiration Date: _____

CVV2 Code: **Please provide over phone**

Billing Address _____

City _____

State _____ Zip _____

Credit Cardholders' Phone Number: (_____) _____ - _____

Credit Cardholders' Signature: _____ Date: _____

Return to:

Email: sdsudining@sdsu.edu

OR

Fax: (619) 594-2876

**** Please Note: credit card numbers and CVV2 codes are never stored and will be required for every transaction. ****

*After completion of this form, please return to us and we will reach out to you to provide us the required credit card information. Payments are accepted Monday – Friday
8am – 3pm*