

Credit Card Payment Form

Name: _____ T-Number (or SSN): _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____ - _____



└ Visa



└ MasterCard



└ Discover

Card #: _____ - _____ - _____ - _____ Expiration Date: ____/____/____

This is a payment of \$_____.____ for:

- Application Fee Registration/Seat Deposit
 Add/Drop Tuition
 Other _____

Signature: _____ Today's Date: ____/____/200__

Instructions for Completing this Form

1. Complete all information above as it appears on your credit card.

2. Submit the completed and signed form via:

Hand Delivery To the Registrar's Office, First Floor, Room 104

Mail

UALR Bowen School of Law
Attention: Registrar
1201 McMath Ave.
Little Rock, AR 72202

Fax

(501) 324-9909

Email

Note: You must submit a scan with your signature. Email to law-records@ualr.edu.