

**Charge Card Authorization Form**

Yale University  
Historical Library  
Cushing/Whitney Medical Library  
333 Cedar Street  
P.O. Box 208014  
New Haven, CT 06520-8014

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

Individual/Library/Corporation: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

VISA/MasterCard: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Expiration Date: \_\_ \_\_ / \_\_ \_\_  
*Month /Year*

Charges to be Paid: \$ \_\_\_\_\_

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

Note: \_\_\_\_\_

*For security reasons this form is being faxed to the Administration Office.  
It will be shredded after a bank confirmation approval is received.*

**Fax #: 203-785-5636**