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Pennsylvania College of Optometry

**CREDIT CARD AUTHORIZATION FORM  
PENNSYLVANIA COLLEGE OF OPTOMETRY at SALUS  
UNIVERSITY  
CENTER FOR INTERNATIONAL STUDIES**

**Student's Name:** \_\_\_\_\_

I authorize the Pennsylvania College of Optometry (PCO) at Salus University to charge my credit card for application fee in the Bachelor of Science in Optometry/Master of Science in Clinical Optometry program to be delivered by the PCO at Salus University. The dollar amount for the application fee is \$150.00 USD.

**Credit Card Type:**       VISA       MasterCard

**Credit Card Number:** \_\_\_\_\_

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

**Cardholder's Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**Dollar Amount (USD):**      \$150.00  

I understand and agree that it is my responsibility to immediately inform the PCO at Salus University of any changes to my credit card company, account, expiration date, etc...

**Student's Signature:** \_\_\_\_\_

**Student Name (Please Print Clearly in English):** \_\_\_\_\_

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