

ROCKEFELLER ARCHIVE CENTER

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E-mail <archive@mail.rockefeller.edu>

Credit Card Charge Form

I authorize the Rockefeller Archive Center to charge U.S. \$ _____ to my credit card for the following service:

_____ VISA

_____ Master Card

_____ American Express

Card # _____

Expiration Date: _____

Signature: _____ Date: _____

Name of Cardholder: _____

Home Telephone: _____

Billing Address on Credit Card Account:

I also authorize the Rockefeller Archive Center to charge an additional one-time amount to the credit card account authorized above for the cost of photocopies and/or postage, if those charges are in excess of \$ _____. The Archive Center will mail a receipt to me at the above address as soon as the new charge is made.

Signature: _____

or

Telephone transaction: _____

Date: _____

Initials of RAC staff member taking credit card information_____

RAC Account Number _____

Sept 2002