

Reinstatement Credit Card Information

Mail to:
Washington State University Tri-Cities
Reinstatement
2710 University Drive
Richland, WA 99354
or fax to: 509-372-7494
Questions? Call 509-372-7498

Credit Card Billing Authorization: (VISA or MasterCard)

Card# _____ 3 Digit Security Code _____ Expiration Date _____

Print name as it appears on credit card

Required Authorization Signature

Day Phone

Billing address for credit card (if different from above) _____

Fax this form to 509 372-7494. If you would like to pay by credit card and do not wish to fax your information to us you may call (after you have faxed your application) and speak with Kathy Harper 509-372-7498.

WASHINGTON STATE UNIVERSITY



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