

UNIVERSITY CENTER SUMMER HOUSING

Guest Name: _____

Arrival Date: _____ Departure Date: _____

Charge credit card for the following:

- Reservation Payment \$ _____
(50% of total housing charges. Remaining 50% of payment is required two weeks prior to arrival.)
- Total Payment \$ _____
(100% of housing charges)

Select one: American Express Visa Mastercard Discover

Card #: _____

Expiration Date: ____ / ____ / ____

Card Holder Name (please print): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Phone: _____

Card Holder Signature: _____

Please return completed credit card authorization via fax, email or mail.

FAX: 312.924.8100 or 312.924.8131 EMAIL: summer@universitycenter.com

**MAIL: University Center - Attn: Summer Housing
525 South State Street
Chicago, IL 60605**