

# Parents, Relax! Sign up for **UBS Credit Link!**

*A convenient and easy link for your future grad to get everything they need to succeed.*

That's right! When you sign up for Credit Link, your college student will be able to make purchases and charge them on your Visa, Mastercard, American Express, or Discover card. You decide when and what items can be purchased and how much can be spent. Your information will be released only to the student you have listed on the form and only after they show proper ID. **For your security and safety, no credit card information will be stored online. All forms will be kept in our vault.**

To apply for Credit Link just print this page and fax or mail it to us, or scan and email to the address below. We must have a hand written signature on file. For more information please call 1-800-347-9618

*~ Please print neatly. Thank you. ~*

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Billing Address (STREET) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cardholder name \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Student's Date of Birth (for security purposes) \_\_\_\_\_ 3 Digit CVC Number \_\_\_\_\_  
(found on back of card)

Student's Anticipated Date of Graduation \_\_\_\_\_

Times allowed to charge: (*check one*)

<input type="checkbox"/> until graduation (date: _____)	<input type="checkbox"/> whole semester
<input type="checkbox"/> entire school year (August - May)	<input type="checkbox"/> first two weeks of class
	<input type="checkbox"/> one day only (date: _____)

Items allowed to charge: (*check one*)

<input type="checkbox"/> anything in the store	<input type="checkbox"/> textbooks and study guides
<input type="checkbox"/> textbooks, study guides, art supplies and school supplies	

Dollar limit: (*optional*)

per charge \$ \_\_\_\_\_ (*amount*)

*The above student has my permission to charge at University Book Store using my credit card listed above. The permission is limited to the restrictions above and the limits placed on my credit card by the issuing company. Please allow up to 24 hours for processing.*

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address (*optional*) \_\_\_\_\_

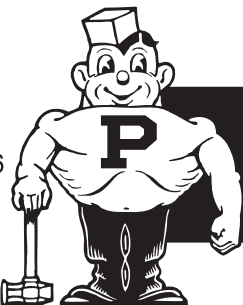
Submit this form...

by fax to: 765-746-2607

by mail to: University Book Store  
360 West State Street  
West Lafayette, IN 47906

by email to: [marcia@purdueU.com](mailto:marcia@purdueU.com)

Additional questions can be sent to:  
[marcia@purdueU.com](mailto:marcia@purdueU.com)



# University Book Store