

**ASUCD Mini-Refrigerator/MicroFridge® Reservation Form**

**(Print Neatly)**

Name \_\_\_\_\_

Student ID Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address: Number, Street:

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Permanent Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Campus Address**

Room Number: \_\_\_\_\_

Building Name: \_\_\_\_\_

Campus Phone Number (If known): \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ MicroFridge® for the Current Academic Year

**\$165.00** = \$135.00 rental fee + \$30.00 security-cleaning deposit

**\$195.00** = \$165.00 rental fee + \$30.00 *if postmarked after 9/15*

\_\_\_\_\_ Mini-Refrigerator for the Current Academic Year

**\$50.00** = \$40.00 rental fee + \$10.00 security-cleaning deposit

**\$55.00** = \$45.00 rental fee + \$10.00 security-cleaning deposit *if postmarked after 9/15*

I have enclosed a check - Signature: \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my account: (circle one) **Mastercard** **Visa**

Acct. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

I agree to pay the above total amount according to card issuer agreement.

Signature: \_\_\_\_\_