

Tel: 845 – 436 - 4890

Fax: 845 – 436 - 1391

## LAZARUS I. LEVINE RESIDENCE HALL SECURITY DEPOSIT FORM

Social Security Number (Student Number) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

\$400.00 SECURITY DEPOSIT FOR: FALL 2009 \_\_\_\_\_ SPRING 2010 \_\_\_\_\_

### **PAYMENT INFORMATION: NO PERSONAL CHECKS accepted**

MONEY ORDER: Enclosed # \_\_\_\_\_

CREDIT CARD: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ At College Only DISCOVER

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV #: \_\_\_\_\_ NAME on CARD \_\_\_\_\_  
(3 digit security code on back of card)

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize a charge of \$400.00. \_\_\_\_\_  
Signature Date

DO NOT SEND CASH. CASH IS ONLY ACCEPTED IN PERSON AT STUDENT BILLING.

Make all payments payable to LONGLEY JONES MANAGEMENT CORP.

Please return this form in the enclosed reply envelope to:  
Longley Jones Management Corp – Levine Residence Hall, PO BOX 1048  
Loch Sheldrake, NY 12759.

Thank you and we look forward to seeing you at Sullivan.

*Sullivan County Community College Dormitory Corporation*  
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