## The Ohio State University Department of Athletics Athletics Ticket Office - Ticket Application

Expiration Date:

Athletics licket O	rrice - licket Application	n						100	To
Account Number	Number (OSU Ticket Office Internal)							THIL	<b>JIII</b>
Account Name									/.
Address									
City			State		Zip				
	. (		( )						
Email Address									
	Required Credit Card Information:								
	Name (as displayed on card)						_		
	Last 4 Digits of Card Number								
Signature							_	Date	
	Event I	nformation					Number	Cost	Total
24MB16 Ohio State Men's Basketball vs Northwestern 2.20.2025 DECA and BPA Day								\$25	
						D	rocessing Fee		
Dalinam Mathada <b>8</b>	ODULE						Grand Total		
Delivery Method: <b>MOBILE</b> Special Handling			☐ Credit☐ Cash	Card				Group # Date	
			☐ Check	<del>_</del>			_	Ву	
			☐ Other				_		
				checks paya			versity		
			1256	State Athleti Schottenstei	n Center, 55		rive		
			Colum	ibus, OH 432	210				
PLEASE NOTE: Please write the full	Credit Card Number on the line below. Once the	e payment has been pro	cessed, the bottom	portion of this	form will be sh	redded for yo	ur security.	$\neg$	
Credit Card Number:									