# Credit Card Payment Authorization

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I, _____, authorize

the **International Language Institute** to charge $_____ to my

credit card as indicated below.

❑ VISA ❑ MASTERCARD (please check ✓one)

Cardholder's Name:_____

Card Number: | | | | | | | | | | | | | | | | |

Expiry Date: __ __ /__ __
m m y y

Card Verification Number: | | | | |

The Card Verification Number for **VISA** , and **MasterCard** is a 3 or 4-digit number printed on the back of your card. It appears after and to the right of your card number.

Date: _____ / _____ / _____
month day year

Signature of cardholder: _____

Address: _____

_____

_____

City Country Postal Code

Telephone:_____

Email:_____