

INTERNATIONAL LANGUAGE INSTITUTE

E-MAIL: ili@ilidc.com
 WEB: www.ilidc.com

PHONE: 202-362-2505
 FAX: 202-686-5603

CREDIT CARD AUTHORIZATION FORM

This payment is for:

English Programs
 Homestay
 Foreign Language Programs
 TESOL Certificate

Student Name:	_____ <i>Last Name First Middle</i>	Start Date:	____/____/____ (mm/dd/yy)
----------------------	--	--------------------	------------------------------

All fields below are required.

Card Holder's Name:	<i>(As it appears on the card)</i>
Credit Card Number:	_____ - _____ - _____ - _____
Credit Card Billing Address:	
Security Code (3 or 4 digits):	_____ <i>(Visa/MC/D on the back)</i> _____ <i>(AmEx on the front)</i>
Expiration Date:	mm/yy ____/____
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	

I, _____, *(Your Name)*, give authorization to the International Language Institute (ILI) to charge my credit card account given above for the following payments and amounts.

Please complete the payment amount below.

Description	Number of Cycles/Weeks/Hours/Levels	Amount
Tuition or Homestay:		\$
Registration Fee \$50.00 (English only)	N/A	\$
Books:		\$
Other (SEVIS, Express Delivery):		\$
TOTAL:		\$

Optional: Please make this a recurring payment and charge my card every ____ weeks.

By signing below, cardholder acknowledges receipt of services described above in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Cardholder's Signature: X Phone: _____

PLEASE SIGN, EMAIL OR FAX THE FORM TO +1 (202) 686-5603