

INTERNATIONAL LANGUAGE INSTITUTE

E-MAIL: ili@ilidc.com
<https://ilidc.com>

PHONE: 202-362-2505

CREDIT CARD AUTHORIZATION FORM

This payment is for:

- English Programs Homestay Foreign Language Programs TESOL Certificate

Student Name:	<hr style="border: none; border-top: 1px solid black;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Middle </div>	Start Date:	<hr style="border: none; border-top: 1px solid black;"/> <div style="display: flex; justify-content: center; font-size: small;"> / / </div> <div style="display: flex; justify-content: center; font-size: x-small;"> (mm/dd/yy) </div>
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All fields below are required.

Card Holder's Name:	(As it appears on the card)
Credit Card Number:	<hr style="border: none; border-top: 1px dashed black;"/> <hr style="border: none; border-top: 1px dashed black;"/> <hr style="border: none; border-top: 1px dashed black;"/> <hr style="border: none; border-top: 1px dashed black;"/>
Credit Card Billing Address:	<hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 1px solid black;"/>
Security Code (3 or 4 digits):	<hr style="border: none; border-top: 1px solid black;"/> <div style="display: flex; justify-content: space-around; font-size: x-small;"> (Visa/MC/D on the back) (AmEx on the front) </div>
Expiration Date:	<div style="font-size: x-small;">mm/yy</div> <hr style="border: none; border-top: 1px solid black;"/> <div style="display: flex; justify-content: center; font-size: x-small;"> / </div>
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	

I, _____, give authorization to the International Language Institute (ILI)
 (Your Name)
 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:		\$
Application Fee (English Program 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 and EMAIL to ili@ilidc.com