

CREDIT CARD AUTHORIZATION FORM

If you want to pay by credit card, please fill out the form below and submit to ACEI by either

Email: acei@acei-global.org or FAX: 310.275.3528.

NOTE: No refunds will be issued once an authorization has been submitted.

Name of Applicant: _____		
(Last/Family/Surname)	(First/Given Name)	(Middle Initial)
ACEI Reference #: <i>(if applicable)</i> _____		

PAYMENT				
Amount: \$ _____ Please specify what your payment is for: _____				
Select Method of Payment:				
Debit Card (Visa/MasterCard)	American Express	Discover	MasterCard	Visa
For Credit Card Payments, please complete the following:				
Card Number: _____		Expiration Date: _____ / _____		
		<i>Month</i> <i>Year</i>		
3-digit code/CVVS [see back of card] Visa/MasterCard/Discover: _____				
4-digit code [see front of card] American Express: _____				
Billing Address of Credit Card: _____				
Street / P.O. Box	Apt./Suite#	City	State	Zip Code Country
Card Holder's Name (please print): _____				
(Name as it appears on the Card)				
I hereby authorize the Academic Credentials Evaluation Institute, Inc. (ACEI) to utilize my credit/debit card for the detailed billing as noted on the ACEI Application for Evaluation of International Educational Credentials.				
Signature: _____			Date: _____	