

FILE EXTENSION FORM

By completing this form you are authorizing ACEI to extend your file for an additional three (3) years and are adhering to our current [Terms and Conditions](#) listed on our website. ACEI will digitize your paper transcripts/documents for the fee of **\$50.00**.

NOTE: No refunds will be issued once a request form has been submitted.

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. Otherwise, please mail this form to ACEI with your payment to: ACEI, 9461 Charleville Boulevard, Box 188, Beverly Hills, CA 90212, USA.

Name of Applicant: _____		
(Last/Family/Surname)	(First/Given Name)	(Middle Initial)
ACEI Reference #: _____	_____	_____
	(Applicant's Signature)	(Date)

PAYMENT INFORMATION:

Total Payment: \$50

Select Method of Payment: *(Make payments payable to: ACEI)*

Personal Check

Cashier's Check

Money Order

Debit Card (Visa/MasterCard)

American Express

Discover

MasterCard

Visa

For Credit Card Payments, please complete the following:

Card Number: _____ **Expiration Date:** _____ / _____
Month *Year*

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:** _____

CONTACT INFORMATION:

If your contact information has change, please provide us with current information for our records.

Address: _____

Email: _____ **Telephone:** _____