ACEI | ACADEMIC CREDENTIALS EVALUATION INSTITUTE, INC.®
YOUR TRUSTED SOURCE IN CREDENTIALS EVALUATION

9461 Charleville Boulevard, Box 188, CA 90212, USA
Tel: 310.275.3530
Fax: 310.275.3528
Website: www.acei-global.org
Email: acei@acei-global.org

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# State Zip Code Country

Card Holder's Name (please print): _____
(First/Given Name) (Middle Name) (Last/Family Name)

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:** _____

Rev. 11/01/13