

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: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (Last/Family/Surname) (First/Given Name) (Middle Initial) </div>
ACEI Reference #: <i>(if applicable)</i> _____

PAYMENT
<p>Amount: \$ _____ Please specify what your payment is for: _____</p> <p>_____</p>
<p>Select Method of Payment:</p> <p style="text-align: center;"> <input type="checkbox"/> Debit Card (Visa/MasterCard) <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa </p>
<p>For Credit Card Payments, please complete the following:</p>
<p>Card Number: _____ Expiration Date: _____ / _____</p> <p style="text-align: right; font-size: small; margin-right: 50px;"><i>Month</i> <i>Year</i></p>
<p>3-digit code/CVVS [see back of card] Visa/MasterCard/Discover: _____</p>
<p>4-digit code [see front of card] American Express: _____</p>
<p>Billing Address of Credit Card: _____</p> <p style="text-align: center; font-size: small;"> Street / P.O. Box Apt./Suite# City State Zip Code Country </p>
<p>Card Holder's Name (please print): _____</p> <p style="text-align: center; font-size: small;"> (First/Given Name) (Middle Name) (Last/Family Name) </p>
<p>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.</p>
<p>Signature: _____ Date: _____</p>