

### 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](mailto:acei@acei-global.org) or FAX: 310.275.3528.

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

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

<b>PAYMENT</b>				
<b>Amount:</b> \$ _____ <b>Please specify what your payment is for:</b> _____				
<b>Select Method of Payment:</b>				
Debit Card (Visa/MasterCard)	American Express	Discover	MasterCard	Visa
<b>For Credit Card Payments, please complete the following:</b>				
<b>Card Number:</b> _____		<b>Expiration Date:</b> _____ / _____		
		<i>Month</i> <i>Year</i>		
<b>3-digit code/CVVS [see back of card] Visa/MasterCard/Discover:</b> _____				
<b>4-digit code [see front of card] American Express:</b> _____				
<b>Billing Address of Credit Card:</b> _____				
Street / P.O. Box	Apt./Suite#	City	State	Zip Code      Country
<b>Card Holder's Name (please print):</b> _____				
(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.				
<b>Signature:</b> _____			<b>Date:</b> _____	