



INTERNATIONAL CENTER FOR LANGUAGE STUDIES, INC.

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CREDIT CARD AUTHORIZATION FORM

This payment is for:

English as a Second Language (ESL) Programs Foreign Language (FL) Programs

| | | | | | |
|----------------------|------------------|--------------|---------------|--------------------|------------------------|
| Student Name: | <hr/> | | | Start Date: | |
| | <i>Last Name</i> | <i>First</i> | <i>Middle</i> | Student ID: | <i>Office use only</i> |

All fields below are required.

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|---|------------------------------------|
| Card Holder's Name: | <i>(As it appears on the card)</i> |
| Credit Card Number: | _____ - _____ - _____ - _____ |
| Credit Card Billing Address: | |
| Last Three Digit Security code on the back of your card: | _____ |
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| <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD | |

I, _____, give authorization to International Center for Language Studies, Inc. (ICLS) to charge my credit card account given above for the following payments.

(Your Name)

Please write the payment amount below.

| <i>Description</i> | <i>Number of Sessions/Months/Hours</i> | <i>Amount</i> |
|---|--|---------------|
| Tuition: | | \$ |
| Registration Fee (\$75.00): <i>(\$50 for Evening Classes)</i> | - | \$ |
| Materials: <i>Foreign Language Programs:..... Actual cost</i> <i>ESL Programs : \$50</i> | | \$ |
| Other: | | \$ |
| TOTAL: | | \$ |

By signing below, cardholder acknowledges receipt of services described above in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Cardholder's Signature: X

PLEASE SIGN AND FAX THIS FORM TO +1 (202) 783-6587