

CREDIT CARD PAYMENT FORM

Please print this form, fill it out completely, sign and fax it to the Virginia Tech Language and Culture Institute collections office at (USA) **1-540-231-3306**. Please do not e-mail this form.

Contact us by email at lci-info@vt.edu if you do not receive confirmation of our receipt of this fax form within 48 hours of sending it.

Cardholder's Name:
(as it appears on card)

Student's Name:
(if different from above)

Credit Card Type:
(circle one)

MasterCard

Visa

Amex

Card Number:

Expiration Date:

Security Code:

(the last 3-digit number appearing on the signature panel on the reverse side of your MasterCard/Visa or the 4 -digit number on the right of your Amex card)

Credit Card
Billing Address:

Street Address

City

State/Province

Postal Code

Country

Cardholder
E-Mail Address:

I the cardholder hereby authorize a \$135 charge to my credit card for the Intensive English application fee made under the name of the student indicated above. I understand that this application fee is non-refundable.

Cardholder Signature:

Invent the Future