



**ENGLISH LANGUAGE INSTITUTE**

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**CREDIT CARD AUTHORIZATION**

**Date:** \_\_\_\_\_

**From:** ELI Admissions Office

**Please complete the following and fax or mail to ELI.**

I authorize the University of Delaware English Language Institute to charge my credit card for payment for the following student in the amount listed below:

**Student's Name:** \_\_\_\_\_

Credit card type (choose one):

Visa       MasterCard       American Express       Discover

Credit card number: \_\_\_\_\_

Credit card security code: \_\_\_\_\_

Credit card expiration date: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Total authorized amount: \$ \_\_\_\_\_ US

**If you would like us to send you a receipt by email, please provide us with your email address.**

Email address: \_\_\_\_\_

***Please return by fax to 302-831-6765 (or by mail to the above address).***