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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: _____

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Signature of cardholder: _____ Date: _____

Total authorized amount: \$175.00 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).