

# ENGLISH LANGUAGE INSTITUTE

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University of Delaware  
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Tel: 302-831-2674 Fax: 302-831-6765 Email: ud-eli@udel.edu

## CREDIT CARD AUTHORIZATION

**Date:** Tuesday, June 30, 2009

**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: \$175.00 US

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

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

Mailing address:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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