

Center for English as a Second Language
Credit Card Authorization Form

By submitting this form, you acknowledge that the CESL application processing fee is non-refundable and you give CESL authorization to charge your credit card.

Applicant's Name: _____

Applicant Date of Birth: _____

Applying for Term: _____ Amount: **\$50**

Credit card number:

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Please provide the last 4 digits over the phone

Card expiration date: _____ / _____ **3 Digit Validation Code:** Please provide over the phone

Card type (circle one): Visa / MasterCard / Discover / American Express / Other: _____

Cardholder name: _____

Cardholder phone number: _____

Cardholder address: _____

Cardholder E-mail: _____

Cardholder Signature: _____

Today's date: _____

Please do NOT write your complete credit card number on this form. Our campus e-mail is not secure for financial information. You must call our office at 618-453-6470 and provide the last 4 digits of your credit card number and the validation code over the phone.