

American International Education Foundation

Credit Card Authorization Form

Print this form and Fax to AIEF (626) 965-1675

For security reasons, please do not email this form to us.

Credit Card Authorization	
School Name:	
Contact Name:	
Contact Phone:	()
Credit Card Account Information	
Type of Credit Card:	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Name on the Card:	
Account Number:	
Expiration Date:	/ /
Billing Address:	
Street:	
City:	
State:	
Zip Code:	

Note: Name and billing address must match credit card issuer's records in order to be processed.

I, _____, authorize AIEF (formerly IEF Education Foundation) to use the above mentioned credit card for payment of the following amount:

Signed: X _____

Total Programs Cost:
 (Refer to previous page) \$ _____

Date: / / _____