

American International Education Foundation Credit Card Authorization Form

Print this form and fax it to AIEF at 714-985-1996.
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:	/ /		
CID/CBD #:	(Note: This is the 3 digit # on the back of the card by the signature)		
Customer Code:	(For corporate accounts, this lets the credit card company know what account to bill it to)		
Billing Address:			
Street:			
City:			
State:			
Zip Code:			

Note: Name on the card must match billing address in order to be processed.

I, _____, authorize AIEF to use the above mentioned credit card for payment of the following amount:

Invoiced Amount:	\$
5% Credit Card Transaction Fee:	\$
Total amount to be Charged:	\$

Signed: _____

Date: _____