



Credit Card Authorization Form

This form is REQUIRED when wishing to pay for services, tuition, textbooks, etc. and the credit card is not physically present at the time of transaction. **All information is required.**

Print name as it appears on card: _____

Type of Card: Visa MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder Address (complete, INCLUDING ZIP CODE): _____

Cardholder Telephone: _____ Amount to charge: USD\$ _____

Date to charge: _____ Card Identification Number (on back of card; 3 digits): _____

Student Name (important!) _____

Please write the fax number or email to which you wish your receipt sent:

Fax number: _____ Email address: _____

I understand and consent to use of my credit card by Selnate USA Co., Ltd. and Selnate International School in the above amount.

Cardholder Signature

Date

Please complete and fax back to: +1 801-356-7067
IMPORTANT: Please also fax back the front and back of the credit card.

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