

**American Language and Culture Institute
Credit Card Authorization Form**

I am paying by credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Total to be charged \$ _____	
Credit card number: _____	Expiration date: _____
Name on credit card: _____	Security code: _____ <small>last 3 numbers from the back of the credit card</small>
Billing Address (include full street address, city, postal code, and country): _____ _____	
Authorized signature: _____	

Reference or reason for the charge: _____

Please complete this form and fax it to 760 750-3779 or email it to alci@csusm.edu