

Credit Card Authorization Form		Payment date: / /			
Student's Name:Last		First	Midd	le Initial	
Date of Birth:Month /	Day / Year				
I hereby authorize the U			d as indicated belo	ow.	
Cardholder's name:					
Cardholder's signature:					
Cardholder's billing addres					
	No.	Street		Apt. No.	
City	State	Zip/Postal Code	Country		
\$ 100.00	Non-refundable a	pplication fe	e due with ap	plication	
□ Visa	□ MasterCard		☐ America	☐ American Express	
Credit Card number:			Expiration da	ate://_	
Credit card billing zip code	e or postal code:				
Phone number and e-mail	where we can reach card	holder if we encou	nter problems with	credit card:	
()			@		

Please fax or mail original form to: University of Miami Intensive English Program 5050 Brunson Drive, Suite 111 P. O. Box 248005 Coral Gables, FL 33124-1612 Telephone: 305-284-4728

Fax: 305-284-3633 E-mail: iep@miami.edu