

ANGELO STATE UNIVERSITY

MEMBER, TEXAS TECH UNIVERSITY SYSTEM

Center for International Studies

English Language Learners' Institute

Credit card authorization form

Please complete and return this form for credit card payment

Name: _____
(LAST) (FIRST) (MIDDLE)

Indicate the fees you want to pay and write the total amount:

_____ \$50.00 Application fee
_____ \$50 I-20 Express mail fee (for those requesting F1 visa)

_____ Total fees

Credit Card information:

Visa _____ MasterCard _____ Discover _____ American Express _____

Account Number: _____

3-Digit Security Code: _____ Expiration Date: _____

Name of Cardholder: _____

Credit Card Billing Address: _____

_____ (City) (State) (Zip Code)

_____ (Country)

I authorize Angelo State University to charge the amount noted above to the above listed credit card.

Card Holder Signature: _____

Date: _____

This form may be faxed to the Center for International Studies (325) 942-2084
or mailed:
ASU Station #11035,
San Angelo, TX 76909 USA.

