



Office of Admissions, 5999 Summerside Dr Suite 220, Dallas TX 75252
 Toll Free – 888.440.4474 Tel. 972.484.9700 Fax 972.484.9970 www.iau.edu.lc

CREDIT CARD AUTHORIZATION FORM

Four – Year M.D. program & Two – Year Pre-Medical + Four Year M.D Program

Please send this completed form with application materials to the Office of Admissions at the address above. If you prefer, you may fax this form to us as well at the number above.

STUDENT NAME	
ADDRESS 1	
ADDRESS 2	
CITY	
STATE/PROV	
ZIP CODE	
COUNTRY	
PHONE #	
EMAIL	

AMOUNT IN USD		CARD TYPE	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
CREDIT CARD	- - - - -			
EXPIRATION DATE		CREDIT CARD SECURITY CODE		PRINTED AT THE BACK OF CARD NEXT TO SIGNATURE PANEL
AUTHORIZED SIGNATURE			DATE	

NAME ON CARD	
ADDRESS 1	
ADDRESS 2	
CITY	
STATE/PROV	
ZIP CODE	
COUNTRY	
PHONE #	
EMAIL	