



International American University- College of Medicine

Office of Finance

Address: 5999 Summerside Drive, Suite 220, Dallas, Texas, USA 75252

Website: <http://www.iau.edu.lc>

Email: finances@iau.edu.lc

Phone: 972-484-9700

Fax: 972-484-9970

CREDIT CARD AUTHORIZATION FORM

STUDENT INFORMATION			
Name	Email		
Address			
Address	City	State/ Province	Zip/ Postal
Country	Phone		

CARD HOLDER INFORMATION			
Name	Email		
Address			
Address	City	State/ Province	Zip/ Postal
Country	Phone		
<small>US credit card holders must provide the credit card holder's billing address and zip code.</small>			

CREDIT CARD INFORMATION					
Amount Due(In US\$)	\$		Credit Card Type (Please circle)	Visa	MasterCard
Credit Card Number	_____ - _____ - _____ - _____				
Expiration Date	MM	YY	3 Digit Code <small>(This Code is printed in the signature area on the back of the card.)</small>		
Authorized Signature _____ Date _____					
<small>By signing above, I give authorization to International American University (IAU) to charge my credit card.</small>					

*** Attach a copy of front and back of the credit card to the *Credit Card Authorization Form* and scan and email/mail/fax to the IAU Office of Finance.**

*** All seat deposits and housing fees are non-refundable.**

*** Please note that IAU can only accept Visa and MasterCard.**