



International American University — College of Medicine

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CREDIT CARD AUTHORIZATION FORM

4 Year M.D Program/ Pre-Med + 4 Year M.D Program

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

STUDENT NAME:	
ADDRESS 1:	
ADDRESS 2:	
CITY:	
STATE/PROV.:	
ZIP CODE:	
COUNTRY:	
PHONE #/ CELL #:	
E-MAIL ADDRESS:	

AMOUNT DUE (IN US\$)		CREDIT CARD TYPE:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
CREDIT CARD NO.:	<input type="text"/>		
EXPIRATION DATE:	<input type="text"/>	CREDIT CARD CODE*:	<input type="text"/>
AUTHORIZING SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>

*THIS CODE IS PRINTED IN THE SIGNATURE AREA OF THE BACK OF THE CARD. IT IS THE LAST (3) THREE DIGITS AFTER THE CREDIT CARD NUMBER IN THE SIGNATURE AREA OF THE CARD

NAME ON THE CREDIT CARD:	
ADDRESS 1:	
ADDRESS 2:	
CITY:	
STATE/PROV.:	
ZIP CODE:	
COUNTRY:	
PHONE # / CELL #:	
E-MAIL ADDRESS:	

US Credit Cards: Holders must provide credit card holder's billing address and zip code

*Please note we currently only accept **MasterCard** and **Visa**