INTERNATIONAL AMERICAN UNIVERSITY
College of Medicine

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CREDIT CARD AUTHORIZATION FORM

Four-Year M.D. Program / Two-Year Pre-Medical + Four-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: _VISA _MASTERCARD

CREDIT CARD NO.: | | | | | - | | | | | - | | | | | - | | | | |

EXPIRATION DATE: M M / Y Y CREDIT CARD CODE*: _____

*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

AUTHORIZING SIGNATURE: _____ DATE: _____

NAME ON THE CREDIT CARD:	
ADDRESS 1:	
ADDRESS 2:	
CITY:	
STATE/PROV.:	
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