

English Language Training Institute Admissions Credit Card Payment Authorization

Applicant's Name _____
Last Name First Name Middle Name

Applicant's E-mail Address _____
Write clearly.

VISA MASTERCARD
(No other credit cards can be accepted!)

Card Number ------

Application Fee: \$35 Express Mail Fee: \$55

Expiration Date (month/year) /

Name of Card Holder _____

Street Address _____
You are required to indicate a street address, not a P.O. Box address. Express couriers will NOT be mailed to P.O. Box addresses.

City, State, Postal Code _____

Country _____

Signature of Card Holder _____

For security reasons, this form **CANNOT** be accepted by email. Please fax (704-687-3168) or mail this form with your application to:

English Language Training Institute
UNC Charlotte
267 Health & Human Services Bldg.
Charlotte, NC 28223
USA

