



AMERICAN EDUCATION CERTIFICATION ASSOCIATION

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Credit Card Authorization Form

Today's date: _____ / _____ / _____

I: _____

_____ As the Individual card holder, I hereby authorize this card to be used for the payments required.

_____ As the company representative, I hereby authorize this card to be used for the deposit required.

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ Expiration Date _____ / _____ --- _____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

Credit Card Billing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Cardholder or Company Representatives Signature: _____

Date: _____ / _____ / _____

I hereby authorize this card to be used for the future deposits and or final payment.

Please sign again for confirmed authorization:

This Authorization can be faxed to 858-256-7671 or Emailed to info@aecacert.com