



CREDIT CARD AUTHORIZATION FORM

International Education Programs
4500 Steilacoom Blvd. SW
Lakewood, WA 98499 USA
Tel: 253.589.6089 Fax: 253.589.6054
Email: International@cptc.edu

Student Name: _____

Student ID#: 975 - ___ - _____

Name of Card Holder: _____

Billing Address for this card: _____

Card Type (circle one): **Visa** **MasterCard** (AMEX and Discovery Card are NOT accepted)

Card Number: _____

Expiration Date: ____ / ____

Security Code: _____

(The security code is the last 3 digit numbers on the back of your card)

Amount to be charged in US dollars:

- Application Fee (M7): \$50
- Housing Fee (M8): \$150 (This fee is NOT the ABODE Homestay application fee)
- Health Insurance Fee (M9): \$258.75
- Tuition & Fees: \$ _____
- Other (please specify): \$ _____ for _____

Total: \$ _____

Signature of Card Holder

Date

Important Note:

An original copy of this form is needed to process charges.
Please print this form and send with your application by mail to:
International Education Programs
Clover Park Technical College
4500 Steilacoom Blvd. SW
Lakewood, WA 98499
U.S.A.