



International Education Programs
4500 Steilacoom Blvd. SW
Lakewood, WA 98499 USA
Tel: 253.589.6089 Fax: 253.589.6056
Email: International@cptc.edu

CREDIT CARD AUTHORIZATION FORM

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): \$70
- Housing Fee (M8): \$150 (This fee is NOT the Homestay Placement Fee)
- Health Insurance Fee (M9): \$365.13
- 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.