



Client ID: _____

Client name: _____

CREDIT CARD AUTHORIZATION FORM

If additional services/fees are required after your initial application, we must receive this credit card authorization form in order. Please note that we will not take credit card numbers over the phone or via email.

I _____ hereby authorize Academic Evaluation Services to debit my:

(Print Cardholder Name)

IN THE AMOUNT OF \$ _____ FOR THE FOLLOWING SERVICE(S):

____ Translations-Language _____ – Number of pages _____

____ Extra copy balance (if new request, please use Extra Copy Request form)

____ Mailing fees (please write address at the bottom of this page if not previously provided)

____ Upgrade to RUSH service

____ Other balance due

VISA / MASTERCARD ONLY

____ VISA

____ MASTERCARD

Card number _____ Expiration date: _____ CVC (3 digit code on back of card): _____

Name on Card: _____ Billing zip code: _____

Cardholder's signature: _____ Date: _____

ACADEMIC EVALUATION SERVICES, INC.
5620 E. Fowler Ave, Suite E, Tampa, FL 33617
Phone: 813-374-2020 Fax: 813-374-2023
Email: info@aes-edu.org