

SAT TESTING CENTER  
C/o University of the Incarnate Word  
847 E Hildebrand San Antonio, TX 78212  
Telephone: (210) 805-3023  
E-mail: [IELTS@uiwtx.edu](mailto:IELTS@uiwtx.edu)

## CREDIT CARD AUTHORIZATION FORM

CANDIDATE'S NAME: \_\_\_\_\_ / \_\_\_\_\_  
(FAMILY NAME) (FIRST NAME)

TEST DATE: \_\_\_\_\_, MODULE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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I authorize SAT Testing Center to charge my credit card as indicated below and I agree to be bound by the IELTS cancellation, postponement, and refund policies as outlined on the IELTS Application Form.

TODAY'S DATE: \_\_\_\_\_

NAME (as it appears on card): \_\_\_\_\_ / \_\_\_\_\_  
(FIRST NAME) (FAMILY NAME)

TYPE OF CARD:        \_\_\_\_\_ VISA                    \_\_\_\_\_ AMERICAN EXPRESS  
                          \_\_\_\_\_ MASTERCARD        \_\_\_\_\_ DISCOVER

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_        SECURITY CODE: \_\_\_\_\_  
(Month)        (Year)

AMOUNT TO BE CHARGED: US\$ \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_