

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

CREDIT CARD AUTHORIZATION FORM

CANDIDATE'S NAME: _____ / _____
(FAMILY NAME) (FIRST NAME)

TEST DATE: _____, MODULE: _____

TELEPHONE: _____

EMAIL: _____

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: _____
