



Fostering linguistic, academic, and cross-cultural success

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Credit Card Authorization Form

If you wish to pay your fees with a credit card, please print this form, complete it, and fax or mail it to the address listed above. Do not send this information via email/internet. Please print clearly.

Student's First Name: _____

Student's Last Name: _____

1. Fill in the amount for each applicable item below and write the total in the space provided:

Table with 2 columns: Item, Amount. Rows include Application fee (\$100), Express mail fee (\$65)*, and Total amount to be charged to your credit card (US \$).

*add this non-refundable fee to your total if you would like to have your documents sent via FedEx

2. Credit Card Information:

Type of Card: [] Visa [] MasterCard

Table for card details: Card Number (16 digits), Expiration Date (Month/Year), Security Code (3-4 digits).

3. Name of cardholder (please print): _____

4. Signature of cardholder: _____

5. Today's Date (month / day / year): _____