



NORTH CENTRAL INSTITUTE

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Credit Card Payment Authorization Form

Applicant's Information			Today's Date:	
Last Name:		First:	Middle:	
SSN:			D.O.B.	
Phone:	Day ()	Cell ()	Evening ()	
Mailing Address:				
City/State/Zip:		Email address:		
Payment(s) for:				
<input type="checkbox"/> Application fee \$50 (Already included in CIE fee)			Total \$	
<input type="checkbox"/> Tuition \$	Crse(s)	Start date	Total \$	
<input type="checkbox"/> Book(s)			Total \$	
<input type="checkbox"/> CATS exam (FAA Computer Assisted Testing Service)			Total \$	
<input type="checkbox"/> Unofficial CIE \$75 (10 Business days, telephone call only)		<input type="checkbox"/> Official CIE \$275 (10 Business days, Official Transcript mailed)		Total \$
<input type="checkbox"/> Upgrade an Unofficial to an Official CIE \$200 (Additional 5 Business days, Official Transcript Mailed)		<input type="checkbox"/> CIE Update \$100 (10 Business days, Official Transcript mailed)		Total \$
<input type="checkbox"/> Premium \$100 (additional fee) (2 Business days, Official Transcript mailed)		<input type="checkbox"/> Extra Transcript \$10		Total \$
<input type="checkbox"/> Fax Out Service \$15		Fax Out Phone Number		Total \$
<input type="checkbox"/> USPS Priority Mail \$8.50		<input type="checkbox"/> Graduation Fee \$250		Total \$
Grand Total:				

Cardholder's Information		
Total Amount to charge: \$		
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		
Credit Card #		
Name (as it appears on card)		Zip code of Authorized Cardholder:
Exp Date:		CVV Code:
I authorize North Central Institute to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard account for \$_____ to pay fees for (<i>PRINTED applicant's name</i>) _____.		
Cardholder Info	Signature	Printed Name:
	Address	Phone 1: ()
	City/State/Zip	Phone 2: ()