



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 (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 \$65	<input type="checkbox"/> Official CIE \$265	<input type="checkbox"/> Upgrade an Unofficial to an Official CIE \$200		<input type="checkbox"/> CIE Update \$70	Total \$
<input type="checkbox"/> Premium \$100	<input type="checkbox"/> Fax Out \$15	<input type="checkbox"/> Extra Transcript \$6 ea.	<input type="checkbox"/> Fax In/Email up to 40 pages \$6 (Over 40 pages require additional fee)		Total \$
<input type="checkbox"/> USPS Express Mail \$25 (Included in Premium CIE Service)		<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 (PRINTED applicant's name) _____.					
Cardholder Info	Signature			Printed Name:	
	Address			Phone 1: ()	
	City/State/Zip			Phone 2: ()	