



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 \$75 (Already included in CIE fee)				Total \$	
<input type="checkbox"/> Tuition \$	Course(s)	Start date	Total \$		
<input type="checkbox"/> Book(s)				Total \$	
<input type="checkbox"/> PSI exam (FAA Computer Assisted Testing Service)				Total \$	
<input type="checkbox"/> Unofficial CIE \$100 <small>10 Business days, telephone call only</small>		<input type="checkbox"/> Official CIE \$300 <small>10 Business days, Official Transcript mailed</small>		Total \$	
<input type="checkbox"/> Upgrade an Unofficial to an Official CIE \$200 Additional 5 Business days, Official Transcript Mailed		<input type="checkbox"/> CIE Update \$150 <small>10 Business days, Official Transcript mailed</small>		Total \$	
<input type="checkbox"/> Premium \$100 (additional fee) <small>2 Business days, Official Transcript mailed</small>		<input type="checkbox"/> Extra Transcript \$10		Total \$	
<input type="checkbox"/> Fax Out Service \$15		Fax Number:		Total \$	
<input type="checkbox"/> USPS Priority Mail \$15.00		<input type="checkbox"/> Graduation Fee \$250		Total \$	
<i>2% Credit Card fee will apply to CIE's</i>				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: ()