

**Georgia
Tech**

**Language
Institute**

*Intensive English for International Students, Business,
and Professional People*

**Georgia Tech
Language Institute
Authorization for
Credit Card Payment**

Language Institute • Georgia Institute of Technology • Atlanta, GA 30332-0374, USA

TELEPHONE NUMBER: 404-894-2425 FAX NUMBER: 404-894-8755

WEB SITE: <http://www.esl.gatech.edu/>

Please fax this authorization to 404-894-8755

Date: _____

Student Info: Family Name _____ First Name _____

Payment is for: (check one)

Intensive English Program

- Summer 20_____
- Fall 1 20_____
- Fall 2 20_____
- Spring 1 20_____
- Spring 2 20_____

Elective Classes

- Summer 20_____
- Fall 1 20_____
- Fall 2 20_____
- Spring 1 20_____
- Spring 2 20_____

- Summer Short Courses 20_____
- Summer Academic Workshops 20_____
- Summer Traveling Class 20_____

Authorized Charge Amount: _____

Name of Cardholder: _____

Credit Card: MasterCard Visa Discover American Express

Credit Card Number: _____ Expiration Date: _____

Billing Address of Cardholder: _____

(Street)

(City) (State/Country) (Zip Code)

Daytime Phone #: _____ Fax #: _____

Email Address: _____

Signature of Cardholder: _____

Questions? Please call 404-894-2425

Faxed Transaction Confirmation Date: _____

Emailed Transaction Confirmation Date: _____

Transaction Approval Code #: _____