

Please fill out this form, scan it, and send it along with the other required documents.



Language Systems International

Credit Card Payment Form

Please check the campus you are applying to:

Orange County

Downtown LA

South Bay LA

Student Name: _____

Last

First

Card Type: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date (MM/YY): _____ / _____

Security Code: _____

Name on the card: _____

Last

First

Billing Address: _____

(City) _____

(State / Province) _____

(Zip code / Postal Code) _____

(Country) _____

Amount authorized to charge: US \$ _____

I hereby authorize Language Systems International to charge the above amount to my credit card

Card Holder's Signature: _____ **Date:** _____

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