Josef Silny & Associates, Inc.
International Education Consultants
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CREDIT CARD INFORMATION

You must include the credit card holder's copies of the front and back of the credit card and U.S. Driver's License OR Foreign Passport.

Name of Cardholder:
As it appears on the credit card _____
First Middle Last

E-mail address: _____ Phone No.: ____(_____)_____
area code phone

Name of Applicant:
If different from the cardholder _____
First Middle Last

Billing Address:_____
Number Number Street Apt #

_____
City State Zip/Postal code Country

I authorize Josef Silny & Associates, Inc. to charge my (check one):

☐ VISA ☐ MASTER CARD ☐ DISCOVER

in the **TOTAL** amount of $_____ ***← (TOTAL amount of your order must be filled in to process your payment).***

CREDIT CARD NUMBER: _____

3-digit security code on back of card: _____

Expiration Date (month/year): _____/_____

Signature of Cardholder (Required): _____

Date:_____

This signature authorizes Josef Silny & Associates, Inc. (JS&A) to charge the amount for the requested services in U.S. dollars and the cardholder agrees to be bound by all Terms and Conditions (including that all fees are **(non-refundable)** as stated in the JS&A application.