Josef Silny & Associates, Inc.
International Education Consultants
Tel.: (305) 273-1616
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Website: www.jsilny.org

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 and number

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

Billing Address:_____
Street address Apartment number (if applicable)

_____
City State Zip code Country (if not U.S.)

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

☐VISA ☐MASTER CARD ☐DISCOVER

in the **TOTAL** amount of U.S. $_____ ← ***(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.