

Credit Card Authorization

Student Name	
--------------	--

Name on Card (exactly as it is on card)		Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
--	--	--------------	--

Credit Card Number		Expiration Date	
--------------------	--	-----------------	--

<u>Billing Address</u> Street Number and Name City, State/Province Country, Postal Code	
--	--

I agree to pay the non-refundable application fee of \$100.

Signature	Date
-----------	------



COLUMBIA SCHOOL
OF ENGLISH

9237 SE Powell Blvd.
Portland, Oregon 97266
Phone: 503-775-8983
Email: admissions@cs.edu
Website: www.cs.edu