



NATIONALHISPANICINSTITUTE

CREDIT CARD AUTHORIZATION FORM

Type of credit card: Visa MasterCard American Express Discover

Name as it appears on credit card: _____

Card number _____

Security code _____ (last 3 digits on back of Visa/MC/DISC; 4 digits on front of AMEX)

Expiration Date _____ Phone Number _____

Billing address _____

City/state/zip _____

Email address _____

I, _____, give NHI permission to charge the above listed credit card on the following date(s):

Date	Amount	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NHI agrees to submit a receipt of the transaction to the address above. Payments are to be credited to _____ student account.

Signature of Cardholder Date

Send to: NHI, P.O. Box 220, Maxwell, TX 78656; FAX: 512-357-2206
For additional information, contact our Business Office at 512-357-6137 or accounts@nhimail.com