



CREDIT CARD AUTHORIZATION

STUDENT Family Name

STUDENT First Name

Please check : Visa Master Card

Name of Cardholder

CARD NUMBER

Last 3 digits on the back of the card

Expiration Date : MM / YY

Mobile Phone

E-mail

AMOUNT TO BE CHARGED - Indicate the currency EUROS (€) or US DOLLARS (\$)

Reason for payment

Date

Signature

Mail to _____

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Fax to _____

■ +33 (0)1 44 41 99 29

E -Mail to _____

■ parisamericanacademy@wanadoo.fr