



University of East-West Medicine

國際醫藥大學

595 Lawrence Expressway, Sunnyvale, California 94085
Tel: (408) 733-1878 Fax: (408) 636-7705
Email: finance@uewm.edu Web site: www.uewm.edu

CREDIT CARD CHARGE AUTHORIZATION FORM

This is to authorize University of East-West Medicine to charge my credit card for the transcript/ tuition fee according to the invoice statement.

Card Type Visa MasterCard

Card Holder Name _____
Last First Middle

Billing Mailing Address _____

City State Zip Code Country

Card Number _____

Expiration Date CVV #

Amount to Charge: \$ USD

Card Holder Signature _____ Date

Email to:

finance@uewm.edu

OR

Fax to:

Accounting Department
408-636-7705

OR

Sign and mail to:

University of East-West Medicine 595
Lawrence Expressway, Sunnyvale
California 94085

Credit Card Charge Authorization