



INTERNATIONAL DEVELOPMENT ISNTITUTE

39 West 32nd Street • Suite 1101 • New York, NY 10001
Tel: 212.594-1917 • Fax: 212.594-2534
www.idiNewYork.com

CREDIT CARD AUTHORIZATION FORM

Credit Card Please Check One:

- JCB**
- VISA**
- MASTERCARD**
- AMERICAN EXPRESS**
- DISCOVER/NOVUS**

Account # _____ **SECURITY CODE** _____
Exp. Date _____

Customers Statement Address: (THE PLACE WHERE YOUR CREDIT CARD BILLS ARE SENT TO)

Please include a contact phone #

Name _____
Street _____
City, State & Zip _____
Phone Number _____

Ship to Address: (THE PLACE WHERE YOU WANT YOUR MERCHANDISE SENT TO)

Company Name _____
Attention _____
Street _____ **Apt, Suite or Floor** _____
City, State & Zip _____

Total Authorized Credit Card Amount in US\$

Authorized Signature _____