

INSTITUTE OF FOREIGN CREDENTIAL SERVICES

12 CEDAR STREET, DOBBS FERRY, NY 10522 • WWW.IFCSEVALS.COM
PHONE 914.693.2840 • FAX 914.231.7782 • EMAIL INTAKE@IFCSEVALS.COM

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Name	FIRST		MIDDLE	
CONTACT INFORMATIO	ON			
Telephone ()	Email for all corresp	oondence		
Address Line 1		Address Line 2		
City	State/Province/Region	Postal/Zip Code	Country	у
TRANSLATING FROM _		TRANSLATING TO		
PAYMENT INFORMATION BILL THE CREDIT CARD BELOW				
CREDIT CARD TYPE VISA	MASTERCARD AMERI	CAN EXPRESS		
NAME ON THE CREDIT CARD		CREDIT CARD NUMBER		CVV (3 DIGIT SECURIT CODE)
EXPIRATION DATE	CREDIT CARD BILLING ADD	RESS		
CARD HOLDER'S CONTACT IN	NFORMATION			
Phone 1 ()	Phone 2()			
Email Address				
for all services I have requeste				
CARDHOLDER'S SIGNATURE				