

American University of Leadership

1507 S Hiawasse Rd,
Suite 113
Orlando FL 32835
TEL 407-801-5140
FAX 407-540-9586

Please complete and Email to: Billing Department

billing@aulm.us

Thank You

CREDIT CARD PAYMENT FORM

Please be aware that an additional %4 processing charge will be added to the total amount, by signing below you are authorizing the extra charge.

Student Name: _____

Program Name: _____

Amount: \$ _____ (Minimum authorized amount \$40)

Credit Card#: _____

Expiration Date: ____/____/____ VCode: _____

Name on Credit Card: _____

Credit card billing address: _____

Zip Code: _____

Date: _____ (MM/DD/YR)

Signature of Card Holder: _____

[Send](#)