



**Douglas College**

## CREDIT CARD PAYMENT FORM

*Please Print*

By signing this I agree to pay the application fee C\$ 100 on my credit card. This is to pay the application fee for;

Academic Year : 20

- Fall Semester
- Winter Semester
- Summer Semester

Student ID \_\_\_\_\_

Name of Student \_\_\_\_\_

Date of birth \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

Credit Card No \_\_\_\_\_

Master     Visa

Expiry Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_