



## CREDIT CARD PAYMENT FORM

*Please Print*

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

Academic Year : 2010

- Fall Semester
- Winter Semester
- Summer Semester

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

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

Credit Card No \_\_\_\_\_  Master  Visa

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

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