

CREDIT CARD CHARGE FORM

If filling this form out online please be sure to print it when filled out, sign it and fax to **902-563-1371**

Charge: VISA MASTERCARD

Student Name: _____

Student ID #: _____

Address: _____

Phone number: _____

Date: _____

Name on Card: _____

Card Number: _____

Expiry Date: _____

Signature of Card Holder: _____

Description: _____ Amount: _____

Description: _____ Amount: _____

Description: _____ Amount: _____

Description: _____ Amount: _____

TOTAL: _____