



Date: \_\_\_\_\_

**Student Information:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Payment Information:**

**Important: We only accept Visa and Mastercard**

Amount: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CSC Security Code: \_\_\_\_\_

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

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

**A RECEIPT OF PAYMENT WILL BE GIVEN TO YOU WITH YOUR LETTER**