

# Credit Card Payment Form

## Type of Credit Card:



American Express    Visa    MasterCard    Discover

Credit Card # \_\_\_\_\_

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

Sec. Code #: \_\_\_\_\_

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

Course Selection(s) and #(s) \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_

*(Your name, printed, as it appears on your credit card)*

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

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

*(This address must be the billing address for the credit card holder)*

Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_