

Fax Credit Card Payment Form

You will receive confirmation of the receipt of this fax by email.

Date: _____

To: International Admissions

From: _____

Fax: +1-250-331-0809

Company: _____

Number of Pages: _____

Email Address: _____

Student Information:

Applicant Name: _____

Student Number: _____

Date of Birth (day/month/year): _____

Term student is applying for: Winter Spring Fall

Year: _____

Program Name: _____

Credit Card Information:

Credit Card Type: Master Card Visa American Express

Credit Card Number: _____

Expiry Date: _____

3/4 Digit Security Number: _____

Name on the Card (please print): _____

I _____ authorize North Island College to charge the above credit card
Please Print

for the amount of \$ _____ (Canadian dollars) for:

Application Fee Tuition and Fees

Signature in English (Do not print)

Date (day/month/year)

Your Journey Starts Here.