

Fax Credit Card Payment Form

Please note the FAX Credit Card Form must be faxed to the number indicated. We cannot accept scanned copies of this form as it does not comply with PCI Regulations which we are required to follow. **Failure to comply with the regulation exonerates North Island College of any liability for unauthorized use of the credit card information you scan to us.**

Date: _____

To: International Admissions

From: _____

Fax: +1-250-331-0809

Company: _____

Number of Pages: _____

Email Address: _____

Student Information:

Applicant Name: _____

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

Term student is applying for:

September

January

May

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): _____

Cardholder Declaration:

I, _____, authorize North Island College to charge the below credit card
Name on Credit Card – please print

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

Application Fee

Tuition and Fees

Cardholder Signature (Do not print)

Date (day/month/year)