

Credit Card Debit Authorization



Please charge my **VISA** **MasterCard**

Credit Card Number

Expiration Date
month year

Amount in US\$.

Invoice Number

Cardholder Name
(as it appears on the credit card)

Mailing Address

Phone Fax

E-Mail address @

"I authorize Brandon College to debit the above total amount to my credit card."

Cardholder Signature Date

IMPORTANT !

Please sign and complete this form and return it to us by fax as soon as possible. We will confirm your payment and immediately e-mail a receipt to you.



FAX 1(415) 391-3918

If you have any questions, please call us at (415)391-5711 or send us e-mail to info@brandoncollege.com

*Thank you for choosing
Brandon College!*