

Credit Card Authorization Form

Please complete, sign and return this form.



Credit Card Number

Expiration Date
month year

Amount in U.S. Dollars .

Name on Card _____

E-mail address _____

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

Cardholder Signature _____

Date _____

Please fax or email the completed form to Brandon College. We will confirm your payment and immediately email a receipt.

Fax 1-415-391-3918
Email admissions@brandoncollege.com

Brandon College accepts the following credit cards:

