

Fax Credit Card Payment Form

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

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 October January February May June

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

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

Application Fee Tuition and Fees Accommodation Placement Fee

Signature in English (Do not print)

Date (day/month/year)

Welcoming the world.