

Dear Valued Customer,

Thank you for subscribing to the services of The Student Centre. Please provide all the information requested below as a form of payment for the services selected. Please return the signed form to: info@thestudentcentre.net.

Name of Card Holder: _____

Billing Address: _____

Country: _____

Contact Number: _____

Credit Card Type: VISA Master Card Discover

Credit Card number: _____

Expiration Date: _____ (Month/Year)

Security Code: _____

Amount: \$ _____ **USD** **CAD** **BBD**

I, _____ (Print Name), certify that as the credit card holder, the above information is true and correct. I hereby authorize **The Student Centre** to debit this credit card in the amount listed above.

Authorized Signature

Date