



Credit Card Payment Form

Visa Mastercard American Express

In the amount of \$ _____

Credit Card # _____ Expiration Date: _____

Cardholder's Name: _____ Phone Number: _____

Address: _____
(Only if different from billing address)

Student Name: _____ SID# N

Student Name: _____ SID# N

Student Name: _____ SID# N

Student Name: _____ SID# N

Cardholder's Signature: _____ Date: _____

For all tuition payment questions, please contact:

Accounts Receivable Department at (954-262-4522) or (954-262-4507)