

Calvary Chapel Bible College – Credit Card Authorization

CREDIT CARD HOLDER'S INFORMATION

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Credit Card Type:

Mastercard - Visa

Credit Card # _____

Expiration Date (MM/YY): _____

Student Name: _____

Amount paid to the student's account: \$ _____

IMPORTANT NOTES

The amount charged to your credit card will reflect the following adjustments:

- All credit card dollar amounts will be converted into Euros, using the current day's exchange rate as shown on www.xe.com
- All credit card transactions will be charged a 5% handling fee (this covers what the bank charges the Bible College)

Signature: _____

Please print your name: _____

This form may be mailed or faxed to Calvary Chapel Bible College Germany

Fax number, dialing from
the United States:
011 49 271 250 9337

Postal Address:
Calvary Chapel Bibelschule
Eiserfelder Strasse 275
57080 Siegen
GERMANY