



Credit Card Payment Form

DCFS2008 University of Prince Edward Island

Please, fill in and sign this form.

Credit card holder signature is required for processing your credit card payment.

This form should be sent by fax to: +1 (902)-566-0466.

1 Payment for

Name:

Email:

Affiliation:

Please, charge my credit card with the amount of Canadian Dollars.

Card type: VISA Mastercard

Card Holder's Name:

Card Holder's Address:

Card Holder's Telephone:

Card Number:

CVC-2/CVV-2 code¹ :

Date: _____ Signature: _____

Please request a receipt, if required.

¹CVC-2/CVV-2 code are the last three digits written on the back side of the card, see the slip with the Authorized Signature.