



Stanstead

CREDIT CARD PAYMENTS

CARD NUMBER: _____

EXPIRY DATE: _____

VERIFICATION NUMBERS: _____

(3 OR 4 NUMBERS ON THE BACK OF THE CARD)

FULL NAME ON CARD: _____

BANK NAME _____

AMOUNT AUTHORIZED:

AUTHORIZATION DATE:

1ST PAYMENT \$ _____ DATE: _____

2ND PAYMENT \$ _____ DATE: _____

3RD PAYMENT \$ _____ DATE: _____

4TH PAYMENT: \$ _____ DATE: _____

REASON FOR PAYMENT: _____

REGISTRATION NUMBER: _____

CARDHOLDER INFORMATION

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CARDHOLDER SIGNATURE: _____