

The Master's College
2011 Turkey & Greece Study Tour
Credit Card Payment Form



Date: _____

Name: _____

Billing Address: _____

Credit Card Type: _____
(MC, Visa, etc.)

Credit Card Number: _____

Expiration Date: _____

Amount: _____

For: _____
(Deposit, 1st payment, 2nd payment, etc.)

Authorized Signature: _____
(signature or phone authorization)