

## CREDIT CARD PAYMENT FORM FOR TUITION OR FEES

Please fill in the form below and send it to the cashier by either:

- 1) E-mail to <a href="mailto:czar@anatolia.edu.gr">czar@anatolia.edu.gr</a>
- 2) Fax to +30 2310 327500 to Mr. Constantinos Zarakinos

Charges will appear as "Trustees of Anatolia College"

CREDIT CARD INFORMATION	
STUDENT'S FULL NAME	
AMOUNT TO BE CHARGED	
CREDIT CARD HOLDER'S FULL NAME	
BILLING ADDRESS	
NAME AS IT APPEARS ON THE CREDIT CARD	
CREDIT CARD TYPE (VISA OR MASTERCARD ONLY)	
CREDIT CARD'S BANK AFFILIATION	
CREDIT CARD NUMBER (16 DIGIT)	
EXPIRATION DATE	
3-DIGIT SECURITY CODE CVC/CVV	
CREDIT CARD HOLDER'S SIGNATURE	

P.O. Box 21021, 555 10, Pylea, Thessaloniki, Greece | Tel.: + 30 2310 398.398, Fax: +30 2310 398.389 | www.act.edu

