

**VENTURA COLLEGE
Credit Card Billing**

Date:

Student Name:

Student ID#:

Card Holder Name:

Billing address:

City:

Country:

ZipCode:

Phone #:

Student's e-mail address:

**Type of Card: (Circle One) : Visa, Mastercard, American Express,
Discover.**

Credit Card #:

Expiration date:

**Amount: US\$100.00 dollars (\$50.00 Application fee and \$50.00 Express-
mail)**

Card Holder Signature: