



VINERIDGE ACADEMY

Credit Card Payment Authorization Form

By signing this form I agree to pay the fee of CAD \$_____ on my

Credit Card

Debit Card

Regarding: Application Fee Tuition Other: _____

CAMPUS

1875 Niagara Stone Rd

Niagara-on-the-Lake

Ontario L0S 1J0

Canada

PHONE

289-868-8658

FAX

289-868-8873

EMAIL

admissions@vineridge.ca

WEB

www.vineridge.ca

Student Information

Student Name:

Date of Birth (mm/dd/yy):

Card Holder Information

Card Holder Name:

Credit Card No:

Security Code No:

Credit Card Type: Visa Master Card Other: _____

Expiry Date:

Card Holder's Signature:

Today's Date: