

Date: \_\_\_\_\_

Payment Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Class: AMA: \_\_\_\_\_ CMA: \_\_\_\_\_ IVC \_\_\_\_\_ LVN \_\_\_\_\_

MB \_\_\_\_\_ MT \_\_\_\_\_ OPT \_\_\_\_\_ OT \_\_\_\_\_

PHL \_\_\_\_\_ PT \_\_\_\_\_ Other \_\_\_\_\_

Start Date: \_\_\_\_\_

Location: \_\_\_\_\_

**We DO NOT Accept American Express**

Credit Card: MC: \_\_\_\_\_ Visa: \_\_\_\_\_ Discover: \_\_\_\_\_

Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_

Where statement is mailed - For Security Purposes Only

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Amount:** \_\_\_\_\_

Student would like receipt

In Office Only -- Please Initial

Enrollments Dept Only -- Please Initial

Noted in Database: \_\_\_\_\_  
Initial

Authorization # \_\_\_\_\_

Sent Receipt: \_\_\_\_\_  
Date & Initial

Date & Initial: \_\_\_\_\_