



Credit Card Payment Form

I HEARBY AUTHORIZE A CHARGE TO BE MADE TO MY CREDIT CARD:
(Check One)

VISA MASTERCARD/EUROCARD AMERICAN EXPRESS

AMOUNT: \$ _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

AUTHORIZATION CODE: _____

NAME (PRINT): _____

ADDRESS: _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____

SIGNATURE: _____

Please return to the bursars office:

Schiller International University
Attn: Margie Shaner
300 East Bay Drive
Largo, Florida 33770
Tel: +1 (727) 736 - 5082 Ext.225
Fax: +1 (727) 736 - 6263
E-mail: margie_shaner@schiller.edu
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