

## Credit Card Authorization Form

Please note that we only accept VISA or MasterCard

fax to: +1-416-849-7942 **OR**

email to: [onlineregistrations@metcollege.com](mailto:onlineregistrations@metcollege.com)

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

Name of Cardholder: \_\_\_\_\_

Please circle: VISA or MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Amount Authorized: **\$510** Date Authorized: \_\_\_\_\_

Signature: \_\_\_\_\_

For Office Use Only

Authorization: \_\_\_\_\_

Processed: \_\_\_\_\_