Julia Gabriel CENTRE FOR LEARNING

Express your best self

Date : _____

NAME OF STUDENT(S) : _____

CUSTOMER NUMBER : | | | | | |

(Your customer number is printed above your name on your statement)

CUSTOMER'S E-MAIL : _____

AUTHORISATION - CREDIT CARD PAYMENT

Please charge my credit card account :

VISA / MASTERCARD (Please delete accordingly)

CARD EXPIRY DATE : _____

CARDMEMBER'S NAME : _____

AMOUNT : | $ | | | | | • | | |

NRIC / PASSPORT NUMBER : | | | | | | | | |

_____

CARDMEMBER'S SIGNATURE

PAYMENT BY CHEQUE

I ENCLOSE A CHEQUE FOR MY CHILD(REN)'S FEE.

BANK AND CHEQUE NUMBER : _____

Remember to…
- write your contact number, customer number and child's name on the back of the cheque.

* Cheques should be crossed and made payable to

JULIA GABRIEL COMMUNICATIONS PTE LTD.