

Payment Form

Please PRINT SCREEN and Complete Fully

In order to initiate your registration you must complete the following:

Amount Due US\$ _____

Method of Payment



Card # _____ Expiration Date ____ / ____

This form must be completed and returned **with your application.**

Mail to:

**Cambridge College
Student Accounts
1000 Massachusetts Avenue
Cambridge, MA 02138
FAX: 617-873-0270**

Name: (please print) _____

Student Signature _____ Date ____ / ____ / ____

After printing and filling out this form, send by fax or mail