

Date: _____

New Orleans Baptist Theological Seminary Credit Card Form

A 3% fee is charged for making payment by Credit Card.

Student's Full Name: _____

Social Security # _____ Daytime Phone: _____

Payment For: _____ Amount: _____ 3% fee _____ = _____
(Total)

Card Type: VISA _____ MASTERCARD _____ DISCOVER _____ AMEX _____

Name as it appears on credit card: _____

Card # _____ / _____ / _____ / _____ Exp Date: _____ / _____

Billing Address: _____ 3 Digit Security Code (_____)

Card Holder's Signature: _____

If you would like a receipt to be sent to you, please indicate the email address, fax, or address where you would like it sent.

If you have any questions about your payment you may contact the Business Office by email at Bookkeep@nobts.edu.

Thank you for your payment.