

**CREDIT CARD PAYMENT FORM**

Return the completed form to the cashier :

- 1) E-mail: [dpanagiot@anatolia.edu.gr](mailto:dpanagiot@anatolia.edu.gr)
- 2) Fax: +30 2310 327500 Attn: Mr.Dimitrios Panagiotidis

Charges will appear as “ANATOLIA AMERICAN UNIVERSITY - ULE”

<b>CREDIT CARD INFORMATION</b>	
STUDENT’S FULL NAME	
REASON FOR CHARGE	
AMOUNT TO BE CHARGED	
CREDIT CARD HOLDER’S FULL NAME	
BILLING ADDRESS	
NAME AS IT APPEARS ON THE CREDIT CARD	
CREDIT CARD TYPE (VISA OR MASTERCARD ONLY)	
CREDIT CARD NUMBER (16 DIGIT)	
CREDIT CARD EXPIRATION DATE	
3-DIGIT SECURITY CODE CVC/CVV	
CREDIT CARD HOLDER’S SIGNATURE	

