

CHAYA MUSHKA SEMINARY

5115 Vezeina Avenue

Montreal, Quebec, H3W 1C2

TEL. NO. 514-733-2221

FAX NO. 514-733-5051

Applicant's Name: _____

Phone #: _____ Fax #: _____

Please print clearly

<i>CARDHOLDER NAME (PRINT)</i>	<i>CREDIT CARD NUMBER</i>	<i>Expiry Date MONTH/YEAR</i>
		/

Visa

Master Card

American Express

CHECK ONE*	DESCRIPTION	\$ US FUNDS
	Application fee	\$50.00
	Late Application fee	\$80.00

*Applications received after February 6th will be charged \$80 instead of \$50.

Please consider this letter to be your authorization to charge the above-mentioned amount(s) to the credit card account indicated above.

Please note that the amount showing on your monthly statement might slightly fluctuate based on the exchange rate of the Canadian dollar.

SIGNATURE OF CARDHOLDER

DATE: _____

