



Canadian Technical and Management College Credit Card Authorization form
Unit 202 ,450 Bronte street , Milton , L9T8T2
Phone number: 905-864-9729
Fax number : 289-862-2873
www.ctmcollege.ca

Please Email filled form to : admissions@ctmcollege.ca

First Name: _____ Last Name: _____

I, _____ authorize CTM College to charge my credit card for my payment towards

Please tick as applicable:

Application Fee (non-refundable)

Tuition

Book Fees

Other

Total

Type of Card:

VISA

Master Card

Card Number :

Expiry Date

CVV (on back of card)

Name as it appears on the card :

_____ Signature of Card Holder _____ Date

We will use the credit card information only for the transaction authorized by you

Attention admissions Department admissions@ctmcollege.ca