

CREDIT CARD PAYMENT FORM

Return the completed form to Mr. Constantinos Zarakinos:

1) E-mail: czar@anatolia.edu.gr

2) Fax: +30 2310 327500 Attn: Mr. Constantinos Zarakinos

Charges will appear as “Trustees of Anatolia College”

CREDIT CARD INFORMATION	
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	

Anatolia College | Anatolia High School | Anatolia Elementary School

17 Sevenidi Str., P.O. Box 21021, 555 35 Pylea, Thessaloniki, Greece

T +30 2310 398205

www.act.edu

