



TAMPALANGUAGE C E N T E R ALEX EDU, LLC

TRAINING & EXPERIENCE YOU CAN TRUST

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Debit or Credit Card Payment Information

Credit Card Number _____

Amount \$ _____.

Card Expiration Date: ____/____
Month/Year

Security Code _____

Card Holder Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Signature _____

*If this account does not belong to you, please send a copy of the C.C. owner's identification with this form.

