DESTINATION HIGH PERFORMANCE

CREDIT CARD PAYMENT FORM

Please complete the form below and fax to 850.332.5446.

Cardholder's Name (as it appears on card):

First Name _____ MI _____ Last Name _____

Billing Address:

Street Address _____

City _____ State _____ Zip _____

Credit Card Details:

Credit Card Number _____ Expiration Date (MM/YY) _____

Please List Attendees:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Contact Details (for payment receipt):

Name _____

Email _____ Phone _____

PAYMENT QUESTIONS? CONTACT LISA BURGESS:
lisa.burgess@studereducation.com | **850.898.3866**