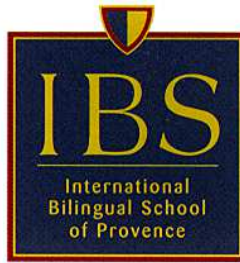


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CREDIT CARD
PAYMENT FORM

Student Name: _____

Reason for payment: _____

Date card to be charged: _____

Amount to be charged: _____ (in euros)

Visa / Mastercard Number:

Expiration Date: ____ / ____

Last three digits on back of card: _____

Signature of cardholder: _____

The International Bilingual School of Provence (IBS)

Domaine des Pins - Aix-en-Provence
500, Petite Route de Bouc-Bel-Air - 13080 Luynes - France
Téléphone : (33) 04 42 24 03 40 - Fax : (33) 04 42 24 09 81
email : ibs@ibsofprovence.com - www.ibsofprovence.com