BILINGUALS INC.
Achieve Beyond

CREDIT CARD PAYMENT FORM

Name:
Address:
City:
Phone:
Email:

Card Type:
Mastercard ☐ **Visa** ☐

Credit Card Number	**Expiration Date**	**Amount to be charged**

Signature	**Date**

Please return this form via fax to (631) 385-7795 Attention: Liza Karnich
or email **lkarnich@bilingualsinc.com**