



CHRISTIAN LIFE SCHOOL OF THEOLOGY GLOBAL

Distance Education Student Course Order Form

| Personal Information | | |
|---|--|--------------------------------|
| Last Name | | First |
| Student ID | Mailing Address (Street) | |
| Phone | City, State, Zip, Country | |
| Date of Birth | Email Address | |
| Course Information | | |
| Course ID | Course Title, Instructor | |
| Course Method | <input type="checkbox"/> Course Packet <input type="checkbox"/> Flash Drive <input type="checkbox"/> Online | |
| Additional Material add \$20 for media (check your preference) | <input type="checkbox"/> MP3 CD <input type="checkbox"/> VCD <input type="checkbox"/> Text <input type="checkbox"/> Exam | |
| Credit Card Data | | |
| <input type="checkbox"/> I authorize Christian Life School of Theology Global, Inc. to charge all applicable fees to the credit card on file. | | |
| Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | Credit Card Number | Expiration Date / and CCV code |
| Name on Credit Card | | Cardholder's Billing Address |
| Authorized Cardholder Signature | | Date |

Student Signature

Date