



Credit Card Payment Form

Please complete this form and submit it with your international application or advisor.

A. STUDENT INFORMATION:

Payment For: ☐ Application Fee (\$50) ☐ Other: _____

Date (mm/dd/yy): _____ Student Name: _____

Amount: _____ Peralta Student ID: _____

Please select the semester & year for this payment: ☐ Spring ☐ Summer ☐ Fall 2027 term at:

Select your campus:

☐ Berkeley City College ☐ College of Alameda ☐ Laney College ☐ Merritt College

B. CREDIT CARD HOLDER INFORMATION:

Name on Card: _____

Credit Card Number: _____ 3 Digit CVV: _____

Credit Card: ☐ VISA ☐ Discover ☐ MasterCard Expiration (mm/yy): _____

Street Address: _____ Postal Code: _____

City & State: _____ Country: _____

Phone: _____ Email: _____

Comments/Other: _____
