



CARIBBEAN INTERNATIONAL ACADEMY

Ref: Agreement to Debit Credit Card

This agreement is between Caribbean International Academy (CIA) and Mr./Mrs.

_____ for the

authorization for CIA to debit Mr./Mrs. _____

Master/Visa card no. _____

Exp: _____ for (Name of Student)

Order Number # _____

Book order total amount USD _____

Parent Signature

Caribbean International Academy

*Please fill out the above information, attach your book order receipt and return the authorization form to Myonie Richardson Admissions office.

P.O. Box 5454, Simpson Bay, St. Maarten
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