

Please complete the form in full and EMAIL it to: CONTACT@OXFORDCOLLEGE.AC

PAYMENT METHOD: COMPANY CREDIT CARD/COMPANY CHEQUE/INVOICE (PLEASE CIRCLE) Please note, Cheques should be made payable to Oxford Learning.

COMPLETE AS APPROPRIATE

<u>COMPANY INFORMATION</u> (PLEASE USE BLOCK CAPITALS)	
PURCHASE ORDER NUMBER:	_____
COMPANY NAME:	_____
ADDRESS:	_____ _____
POST CODE:	_____ COUNTRY: _____
TEL NO:	_____ EMAIL: _____

MASTERCARD VISA SWITCH DELTA SOLO ELECTRON

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VALID FROM: __/__/__	EXPIRY: __/__/__	ISSUE NO: __/__/__
SECURITY NO: __ __ __ (THE LAST 3 DIGITS ON THE SIGNATURE STRIP)		
CARD HOLDER NAME: _____ (AS IT APPEARS ON CARD)		
CARD HOLDER SIGNATURE: _____		

STUDENT DETAILS
(PLEASE USE BLOCK CAPITALS)

NAME: _____

DOB: _____ **MALE/FEMALE:** _____

ADDRESS: _____

Post Code: _____ **Country:** _____

Tel no: _____ **Email:** _____

A LEVEL <input type="checkbox"/>		DIPLOMA <input type="checkbox"/>	
2 YEAR <input type="checkbox"/>	FAST TRACK <input type="checkbox"/>	PROFESSIONAL DIPLOMA <input type="checkbox"/>	
AS ONLY <input type="checkbox"/>	A2 ONLY <input type="checkbox"/>	ASCENTIS LEVEL 3 <input type="checkbox"/>	ASCENTIS LEVEL 5 <input type="checkbox"/>

COURSE TITLE	COST

DELIVER TO COMPANY ADDRESS/STUDENT ADDRESS (PLEASE CIRCLE)

Please complete and email to contact@oxfordcollege.ac