



Pine Technical College

Name of card holder: _____

Card number: _____

Expiration date: _____

Amount: _____

Signature: _____

------(detach and destroy CVV # as soon as charge is processed and approved)-----

CVV # (three digit code on back of card) _____

Fax to: 320/629-5103 or

Email to: business-services@pinetech.edu



800.521.7463/
320.629.5100



www.pinetech.edu



900 Fourth Street SE
Pine City, MN 55063



A MEMBER OF THE
MINNESOTA STATE COLLEGES
AND UNIVERSITIES SYSTEM