Miss International®

Contestant Fees

Payment Form

Please Print to ensure faster processing.
Please complete the entire form.

Your Name / Company Name: _____

Mailing Address: Mailing Address *For Credit Card Orders, This MUST be the same billing address*

_____

_____

_____

_____ Zip Code: _____

Email Address: _____

Daytime Telephone: ( ) _____

Please list the amounts you are paying at this time below.

If you do not know what fees you should pay, please contact us at 540-989-5992.

CONTESTANT DEPOSIT FEE: $_____

CONTESTANT FINAL PAYMENT FEE: $_____

4% Surcharge applied to amount when using a credit card: $_____

TOTAL AMOUNT: $_____

Method of Payment:

☐ Check (Please Make Checks Out To: Mrs. International) Check Number: ☐☐☐☐☐☐

☐ VISA

☐ MASTERCARD

I authorize International Pageants to charge my credit card:

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Security Code: ☐☐☐

☐☐ Month (06) ☐☐ Year (08)

Name as it appears on the Card (Please Print) _____

Your Signature (Please sign as you would sign your credit card. _____

Please print this form and send it with your check, money order, or credit information to:
Card Orders can be FAXED to: 540-989-8571

International Pageants Inc.
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