CREDIT INSTITUTE OF CANADA

219 Dufferin Street, Suite 216C
Toronto, Ontario, M6K 3J1

Tel: (416) 572-2615
Fax: (416) 572-2619

Email: ccp@creditedu.org
Website: creditinstitute.org

Certified Credit Professional (CCP) Program - Enrollment Application 2017/18

Personal Information

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ First Name: _____

Middle Initial: ___ Last Name: _____

Date of Birth: ___/___/_____ (MM/DD/YYYY)

Address: _____

City/Town: _____ Province: Alberta

Postal Code: _____ Country: _____

Tel: ____-____-_____ Email: _____

Education: High School ☐ College ☐ University ☐ Other ☐

How did you hear about us? _____

Business Information

Company Name: _____

Address: _____

City/Town: _____ Province/State: _____

Postal Code: _____ Country: _____

Tel: _____-_____-_____ Fax: _____-_____-_____

Email: _____ Shipping: H ☐ B ☐

Industry: _____ Position: _____

Responsibility: Local ☐ Regional ☐ National ☐ International ☐

Preferred Language: _____ Years in Credit: _____

Course Selection	Session	Fee	
Fundamentals in Business (FB1)	Fall ◯ Winter ◯ Spring ◯ Summer ◯	$790	$ 0.00
Credit Management (CR1)	Fall ◯ Winter ◯ Spring ◯ Summer ◯	$790	$ 0.00
Managing Credit with Information Technology I (CR3-I)	Fall ◯ Winter ◯ Spring ◯ Summer ◯	$745	$ 0.00
Canadian Credit Law (CL1)	Fall ◯ Winter ◯ Spring ◯ Summer ◯	$790	$ 0.00
Advanced Credit Management (CR2)	Fall ◯ Winter ◯ Spring ◯ Summer ◯	$845	$ 0.00
Managing Credit with Information Technology II (CR3-II)	Fall ◯ Winter ◯ Spring ◯ Summer ◯	$745	$ 0.00
Software: Microsoft Office Professional Plus	☐	$135	$ 0.00
New Student Fee *(April to March)* *Prorated to $37.50 for each academic session.*	Fall - $75.00 ◯ Spring - $150.00 ◯ Winter - $37.50 ◯ Summer - $112.50 ◯	$150	$ 0.00
		Subtotal	$ 0.00
GST/HST: AB BC NT NU MB QC SK YT: 5% | ON: 13% | NS NB NL PE: 15% | No tax for international applicants		Tax	$ 0.00
International applicants only: please contact us for a shipping quote and enter it here:		Shipping	
Only bank draft or credit card payment is accepted for international applicants	Clear Selection	Total	**$ 0.00**

Payment Method

Visa ☐ Visa Debit ☐ MasterCard ☐ Cheque ☐ Money Order / Bank Draft ☐ *Payable to Credit Institute of Canada*

Name on card: _____ Card number: _____

Expiry Date: _____ / _____ MM/YY Signature: _____ Total: _____

Privacy Policy

The Credit Institute of Canada collects personal information from our members, students, potential members and potential students for the purpose of registration, admission, income tax receipts, scholarships and awards, student and member communication, membership roster, planning, and qualification of educational and membership requirements and accomplishments. Personal information may be shared with other members, Credit Institute of Canada Chapters, service providers and any other parties as required by law. Your personal information will not be released to any other party unless the law permits or your permission is granted. The Credit Institute of Canada values the privacy of its members and customers.

☐ I consent to receive messages about Credit Institute of Canada programs, professional services, newsletters, updates, promotions, invitations and events.

I have had a chance to read and understand the Refund Policy, Privacy Policy and deadlines as stated in the Program of Professional Studies and Services, and online at www.creditinstitute.org. I certify that the information I provide is true and correct. If accepted, I agree to comply with the Credit Institute of Canada By-Laws and Code of Professional Ethics.

Signature: _____ Date: _____

Submit