



Miss Teen International®

Contestant Fees

2018 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

I authorize International Pageants to charge my credit card:

MASTERCARD

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.
P.O. Box 12426
Roanoke, Virginia 24025Credit