



CASS TRAINING International College

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CREDIT CARD PAYMENT AUTHORISATION

Please complete the following Credit Card Authorization Form and return it to CTIC.

2% Surcharge applies. * 4% on Amex

Student's name:	
Credit card details:	
Card Type (Please ✓)	Visa Card <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/>
Credit Card Number	_____ - _____ - _____ CVV: _____
Cardholder's Name	_____
Expiry Date (MM/YY)	____/____
Address	_____
	CITY: _____ STATE: _____ Post Cord: _____
Contact Number	_____
Total Amount (AU\$)	\$ _____
Signature	_____