



CREDIT CARD PAYMENT AUTHORISATION FORM

Please complete the following Credit Card Authorisation Form and return it to CTIC. Credit card surcharges apply. 4% AMEX and 2% Visa, MasterCard

All questions must be answered and details filled in, if not applicable please mark N/A.

Email to admissions@casstraining.com.au or info@casstraining.com.au

STUDENT DETAILS			
Full Name		Student ID No	
Address			
E-mail Address		Mobile	

CREDIT CARD DETAILS			
Card Type	<input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiry Date (MM/YY)	
Card Number		CVV	
Cardholder's Name			
Total Amount Payable	A\$		
Payment type	<input type="checkbox"/> Full Payment <input type="checkbox"/> Partial Payment <input type="checkbox"/> Non-Refundable Deposit		
Signature: _____		Date: ____ / ____ / ____	

OFFICE USE ONLY	
Payment received by	
Date	