

## CARDHOLDER INFORMATION

Name					
Address					
Suburb		Post Code		State	
Phone		Email:			

## CREDIT CARD DETAILS

Credit Card Number				Expiry Date (MM/YY)	
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Other:	
CVV2		Authorised Amount to Charge: \$			

Please note that there will be a surcharge of 1.5% on all the credit card payments.

By signing this form, I authorize West Melbourne Institute of Technology to charge my credit card for the amount stated above. I acknowledge that I have been informed of the cancellation and refund policies and I fully agree to the terms and conditions of West Melbourne Institute of Technology Pty Ltd.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

**IMPORTANT: IDENTIFICATION IS REQUIRED. PLEASE PROVIDE A FRONT/BACK COPY OF CREDIT CARD AND A COPY OF AUSTRALIAN DRIVER'S LICENSE OR PASSPORT WITH THIS FORM**