



**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:	
CCV		Authorised Amount to Charge: \$			

By signing this form, I authorize Victorian Education and Training Group trading as International Collee of Victoria 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 International College of Victoria.

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

\_\_\_\_\_  
Date

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

**OFFICE USE ONLY**

Authorisation Processed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature:		Position:	
Name:		Date:	