

Credit Card Authorisation Form

Student Details

First Name:		Last Name:	
Student ID:		Date of Birth:	___/___/___
Email Address:		Mobile Number:	

To pay by credit card, please complete the following:

I hereby give permission to Exceed Venture Pty Ltd T/A Melbourne Trades College to debit my credit card for the amount of AU\$ _____ plus 2% Credit Card surcharge.

Card Details

Type of Card

- MasterCard
 Visa

Card Number: _____

Expiry Date: ___/___

CCV/CVC: _____

Amount: _____

Cardholder's Name (Print): _____

Cardholder's Signature: _____

Student Signature: _____

Date: ___/___/___

NOTE: Please email the completed form to info@melbtc.vic.edu.au.

OFFICE USE ONLY

Received by: _____

Date: ___/___/___

Processed by: _____

Date: ___/___/___

Is the payment approved: Yes No

EFTPOS Receipt No: _____

Details entered in the system: Yes No

Signature: _____