Credit Card Authorisation Form

MELBOURNE TRADES COLLEGE

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$ _____.

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: _____