



CONFIDENTIAL

I, hereby authorize St Peters International College to charge my Credit-Card Account the amount of \$..... For the following item/s, or on behalf of

.....

Visa Master Card Bank Card

Credit-Card No: VID Code:

Expiry Date:

Credit-Card Billing Address:

..... Street Number and Name

..... Suburb

..... Postcode

..... City

..... State

..... Country (if not Australia)

..... Credit-Cardholder's Signature

..... Date

OPTIONAL:

As Credit-Card holder, I also authorize the College to charge my Credit-Card Account for future fee payments approved by me. Yes No

Authorization valid until: Credit-Card holder's initials:

Your completion of this Authorization Form helps us to protect you from Credit Card Fraud. All information entered on this Form will be kept strictly confidential by the College.