



## Credit Card Payment Authorisation Form

<b>Type of card:</b>	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
<b>Cardholder Name:</b>	
<b>Card Number:</b>	
<b>Expiry Date (mm/yy):</b>	
<b>Amount to Charge:</b>	AUD \$ _____ + 1.5% Surcharge for Visa/Mastercard or 3% for AMEX AUD \$ _____ Total including the surcharge
<b>Student Name:</b>	
<b>Student ID #:</b>	
<b>Signature of Student:</b>	
<b>Date:</b>	

\*If the Cardholder is not the student, please complete the below and provide proof of signature via passport or driver's licence:

Cardholder declaration:

- I certify that the information provided is complete and accurate.
- I hereby authorise Imagine Education Australia Pty Ltd to collect payment from the credit card listed above.
- I certify that I am the authorized signatory of this credit card.

<b>Full Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	