

# Credit Card Authorization Form

## CONFIDENTIAL

I, ..... hereby authorize the **SPI** 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.