



CREDIT CARD AUTHORISATION

Please complete this form and email it to enrol@cambridgecollege.edu.au, along with the back and front of both your **Driver's License** and **Credit Card**.

Credit card details

Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder's name	
Card number	_____
Expiry date	___ / ___
CCV	___
Payment amount	\$

I authorise Cambridge College Australia (CCA) to charge the amount specified above as a payment for:

Cardholder signature:

Date: ___ / ___ / ___