



CREDIT CARD AUTHORIZATION FORM

Cardholder Information			
Name			
Billing address			
Email		Contact Number	
Payment towards			
Credit Card Information			
Credit Card Type	Master Visa		
Card Number			
Expiry Month/Year (xx/xx)	____/____	CCV / CVV	
Cardholder Name			
Cardholder's Signature		Date	
<input type="checkbox"/> I authorize Veritas Education Pty Ltd a one-time charge against my credit card for the amount			
Student Personal Details			
Name		Date of Birth	
Student ID		Course	
Address			
Contact Number		Email	
Student Signature		Date	

For Office Use			
Amount Processed		Date	
Finance Manager Signature			

Privacy statement: The information provided in this form will be protected by Veritas Education Pty Ltd. Veritas Education Pty Ltd understands that this financial information is sensitive in nature and its details will remain completely protected. The financial information is provided only to the Finance Manager and no other staff member of Veritas Education Pty Ltd. The Finance Manager upon processing the payment, secures the information. Please read the Veritas Education Pty Ltd trading as Veritas Institute Australia's 'Privacy Policy' for more details at the website: www.veritas.edu.au