



Credit Card Payment

School or Organisation name :

Admin Contact

First name :

Last name :

Email address :

Gender :

Date of Birth :

Organisation

Address :

Suburb :

State :

Postcode :

Country :

Card Type (Visa, Mastercard, Bankcard)

Cardholder Name (as it appears on the card)

Card Number

Expiry Date

Card Verification Number

Bulk Enrolment Total

I hereby authorise St Cecilia Examinations Pty Ltd to charge the total amount specified below to my nominated credit card as per the details above.

Signature

Fax: (03) 6331 7343

or

Post: St. Cecilia Examinations Pty. Ltd.

PO Box 938

Launceston Tasmania 7250

Australia