



Credit Card Authorisation Form (A8)

Please complete and return to your trainer with your enrolment forms

Student Name _____

Course Code _____ Date of training _____

Course Location _____

I authorise ChemCert Training Group Proprietary Limited (ABN 71 102 334 636) to debit the credit card below by the following amount

Course Fee \$ _____

Card type MasterCard Visa

Name as on Card _____

Card Number:

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Expiry Date:

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Cardholder Signature _____ Date _____

Cardholder Contact Phone No. _____

Email Address for receipt _____

For Office Use Only (ver. NOV 2009)	
Date Processed _____	Staff ID _____
Bank Acknowledgement number _____	
Tax Invoice / Receipt number _____	

