



CREDIT CARD AUTHORISATION FORM

PLEASE NOTE : A 2.2% SURCHARGE APPLIES TO ALL CREDIT CARD PAYMENTS

Credit card type: Visa Mastercard Bankcard

Name on card:

Card number:

Expiry date:/...../.....

I,, hereby authorise

The Sydney Business and Travel Academy / The Sydney English Language

Academy to debit the amount of A\$..... from my credit card,

being payment for (student name).

Signed by credit card holder:

Date:/...../.....

Please send this form to sales@shta.com.au or fax (+61-2) 9212 2542