CREDIT CARD PAYMENT FORM





PART A: STUDENT DETAILS (TO BE COM	PLETED BY TH	E STUDENT)													
Student ID number : Date of Birth: DD / MM / YY																
Title : Mr Miss Ms	Mr.	rs														
Family name:																
Given name(s):																
Postal address :																
Suburb/city:								Pos	tcode	:						
State:								Соц	ıntry	:						
Email address :																
Did you apply through a Victoria	University r	registered	agent? Ye	es	No											
If yes, please indicate the agent's	s company r	name:														
PART B: CREDIT CARD DETAILS																
Please note payment by credit co card holder and wish to pay in p														e not	the	credit
Credit card type: Visa Mas	tercard	(Note	: AMEX is r	not accep	oted)											
Credit card number.:																
Expiry date: DD / MM / Y	·TY															
Amount: A\$.																
Cardholder's name:																
Cardholder's phone:																
Cardholder's email:																
Cardholder's signature:																_
The credit card transaction will be that day by your credit card prov	vider.	l by Victo	ria Univers	sity in A	ustralic	ın dolla	ırs an	d wil	l be c	onve	rted	at th	іе си	rrent	rate	on
PLEASE COMPLETE THIS FORM AND RE		F00		F44						FAV						
POSTAL ADDRESS Victoria University International City Flinders Campus PO Box 14428 Melbourne Victoria 8001 AUSTRALIA	Victoria Uni City Flinders Level 3, 30 Melbourne AUSTRALIA		EMAIL intapps@vu.edu.au				FAX +61 3 9919 1466									
OFFICE USE ONLY																
Manual receipt number (if applic	able):															
Payment for:									Amo	unt: A	4\$					
Processed by (staff name) :						Camp	ous:									
Date: DD/MM/YY																