

Credit Card Payment Form

Applic	eant Na	ame:			
Туре с	of Card	(please circle):	Visa	Mastercard	
Card N	lumbe	er:			
Name	on Ca	rd:			
Expiry	/ date:	/			
		I authorise Access May credit card.	Iacquarie Ltd, A	BN 59003849198 to	make the following
Tick th	ne com	rect option(s):			
	\$330	Test			
	\$65	Transfer date			
	\$20 Change of module (Academic/General Training)\$176 Remark (enquiry on test results)				
	\$82	Cancellation			
	\$11	Extra TRF			
	\$20	Test Report Form (results) Reprint			
	\$10	Parking Permit	How many r	equired?	
Signed	1.		Dat	e·	