



Windsor Institute of Commerce Pty Ltd

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CRICOS Provider No. 01856K
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Credit Card Payment Form

MASTERCARD []	VISA []
CARD NUMBER ____ / ____ / ____ / ____	EXPIRY DATE __ / __
CARD HOLDER'S NAME (as appears on the card)	STUDENT NUMBER _____

CARD HOLDER'S ADDRESS	

CITY _____	POSTCODE _____
COUNTRY _____	
PHONE NUMBER (____) _____	
TOTAL AMOUNT AUD\$ _____	
TOTAL AMOUNT TO BE CHARGED AGAINST YOUR CREDIT CARD _____ (2% OF THE AMOUNT PAYABLE)	
I authorise Windsor Institute of Commerce and Language to debit my credit card with the amount shown above	
CARD HOLDER'S SIGNATURE _____	DATE _____

Mail your payments to:

Windsor Institute of Commerce
Level 5, 127 Liverpool Street, Sydney, NSW 2000 Australia

Facsimile to :(+612) 9283 0748

OFFICE USE ONLY
RECEIPT NO _____
DATE PROCESSED _____