



WINDSOR INSTITUTE OF COMMERCE

A.B.N. 19 080 559 600
RTO No. 90501

CRICOS Provider Code: 01856K

T. +61 2 9283 4388
F. +61 2 9283 0748
E. info@windsor-ic.com.au
www.windsor-ic.com.au
Level 5, 127 Liverpool Street
Sydney NSW 2000 Australia

Credit Card Payment Form

- Please submit your completed form to Windsor Institute of Commerce.
- This form can be used for providing payment to Windsor Institute of Commerce. Please note there will be 2 % credit card transaction fee applied based on the transaction amount.

Student Personal Details:	
Student ID:	Course:
Family Name:	Given Names:
Contact Number:	Email:
Address:	

Please Debit My Credit Card as Follows:	
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Credit Card Verification number: <input type="text"/> <input type="text"/> <input type="text"/> *The verification number is a 3 digit number printed on the back of your credit card. It appears after and to the right of your credit card number.	
Amount to be debited:	AUD\$ _____ (excluded the 2% fee)
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	(*2% credit card transaction fee applied base on the transaction amount)
Type of payment is for (eg. tuition fee):	

I authorize Windsor Institute of Commerce to debit my credit card with the amount shown above.

Cardholder's Name _____

Cardholder's Signature _____

Please fill in this form, then print and sign before handing in, or posting to:

Windsor Institute of Commerce
Level 5, 127 Liverpool Street, Sydney, NSW 2000 Australia
Facsimile to :(+612) 9283 0748

OFFICE USE ONLY	
Receipt Number	: _____ Amount (after 2% Transaction fee) AUD\$ _____
Payment processed by:	_____ Date: _____