

Credit Card Authorization Form

IF SUBMITTING A HANDWRITTEN APPLICATION, PLEASE WRITE CLEARLY AND IN BLOCK LETTERS.

| 1. Student Details | | | | | | | | | | | | | | | | | | | |
|---|----------------------------------|---------------------------------|--|--|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| First Name (Legal Given Name): | Middle Name (Legal Middle Name): | Family Name (Legal Last name): | | | | | | | | | | | | | | | | | |
| Date of Birth (dd/mm/yyyy): | | Student ID (if Applicable): | | | | | | | | | | | | | | | | | |
| 2. Contact Details: | | | | | | | | | | | | | | | | | | | |
| Home Phone: | Work Phone: | Mobile Phone: | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | |
| 3. Agent Details: | | | | | | | | | | | | | | | | | | | |
| First Name (Legal Given Name): | Middle Name (Legal Middle Name): | Family Name (Legal Last name): | | | | | | | | | | | | | | | | | |
| Agent Company Name: | | | | | | | | | | | | | | | | | | | |
| Work Phone: | | Email Address: | | | | | | | | | | | | | | | | | |
| 4. Card Details: | | | | | | | | | | | | | | | | | | | |
| Card Belongs to: | <input type="checkbox"/> Student | <input type="checkbox"/> Agent | <input type="checkbox"/> Other (Please Specify: _____) | | | | | | | | | | | | | | | | |
| Name on Card: | | | | | | | | | | | | | | | | | | | |
| Amount for deduction (\$AUD): | \$ _____ | | | | | | | | | | | | | | | | | | |
| Type of Card: | <input type="checkbox"/> VISA | <input type="checkbox"/> MASTER | <input type="checkbox"/> AMEX <input type="checkbox"/> Other (Please Specify: _____) | | | | | | | | | | | | | | | | |
| Card Number: | | | | | | | | | | | | | | | | | | | |
| Expiry Date MM/YY: | | | | | CVV: _____ | | | | | | | | | | | | | | |
| <p><i>By signing below, I declare that the information given on this form is true and correct. I also authorize Actors College of Theatre & Television Pty Ltd to deduct the above amount from my credit card. Additional 2% Surcharge is applicable on all transactions.</i></p> | | | | | | | | | | | | | | | | | | | |
| Signature of Cardholder: | | Date: | | | | | | | | | | | | | | | | | |
| Processed by (Staff): | | Date: | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | | | | |
| Please Email Completed form to: info@actt.edu.au | | | | | | | | | | | | | | | | | | | |