

CREDIT CARD AUTHORITY

TO:
Charles Sturt University
Admissions Office
Locked Bag 676
WAGGA WAGGA NSW 2678

Fax Number: +61 2 6933 2063
(Do not post this original back if you fax this form to the University)

PLEASE USE BLACK PEN ONLY

File Number: _____

Course: _____

Name: _____

Please complete the details below and return

Credit Card Type (please tick appropriate box)

Bankcard Mastercard Visacard

Amount: \$ _____ Expiry date: ____/____

Card Number (complete on line below)

Card Holder's Printed Name: _____

Card Holder's Signature: _____

In case of processing problems please advise contact details:
(tick appropriate box)

Telephone _____ Facsimile _____ Email _____