



International College of Management, Sydney Pty Limited
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as trustee for The ICTHM Trust
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CREDIT CARD AUTHORISATION FORM

Please complete details, sign and return via fax or email.
Fax Number: +61 2 9466 1115 | email: icmsar@icms.edu.au

I, (Payer's Name)

Of (Address):

Hereby authorise the **International College of Management, Sydney** to debit my credit card for payments as stated below:

Payment for: (please circle one)	<ul style="list-style-type: none"> • Tuition Fee • Food and Accommodation • Other (please specify): _____
Amount in Dollars:	<input type="text"/>
Amount in Words:	<input type="text"/>
Student Number:	<input type="text"/>
Student Name:	<input type="text"/>
Name on Credit Card:	<input type="text"/>
Credit Card Type:	<input type="text"/>
Credit Card Number:	<input type="text"/>
Expiry Date:	<input type="text"/>

SIGNATURE:

Note: Only Visa, MasterCard and AMEX are accepted.
All credit card surcharges are payable by students.
Credit Card Surcharge rates are subject to changes without further notice.
Rates: Visa and MasterCard: 1.91%, AMEX: 1.04%