

FM – AC01 LETTER OF AUTHORITY TO CHARGE A CREDIT CARD

COMPLETE ALL SECTIONS
CONFIDENTIAL WHEN COMPLETED

To: VETASSESS

Date: / /

I, _____ authorise VETASSESS to charge my credit card

with \$AUD _____, as payment for the processing of assessment type

(please tick): Qualification Trade Competency Nursing Test

Other _____ File Number (if known) _____

Card holder's phone number _____

Applicant's Name _____

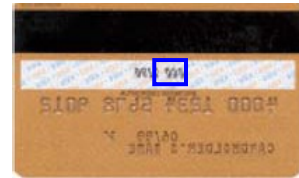
Address _____

Credit Card Details:

- Card Type (*tick box*):  
- Card Number: _____ / _____ / _____ / _____

- Card Expiry Date: ____ / ____ (Eg.mm/yy)

- Card Validation Code: _____
(The last 3 digits of the number printed on the signature panel).



- Name of Cardholder: _____
- Signature of Cardholder: _____

Authorisations missing any of the above information will not be processed.

PLEASE NOTE:

- VETASSESS does not accept AMERICAN EXPRESS or DINERS CLUB credit cards.
- DEBIT CARDS (Savings Accounts) can only be processed in person, as a PIN (Personal Identification Number) is required. Do not send DEBIT CARD details.

Send To
VETASSESS
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East Melbourne, VIC 3002 Australia
Tel +61 3 9655 4801
Fax +61 3 9654 3385



Quality
ISO 9001