FORM

Royal Australasian College of Surgeons

RES_FIN_063 **Credit Card Payment Form** Ref. No. Subject:

> Use this form to accept and process credit card payments taken over the phone (not applicable for online Examination, Skills courses and Professional Development courses)

Date:					
RACS ID:					
Name:					
Invoice No.:					
PAYMENT DE	ETAILS				
Card Type:	Visa	Master Card	Amex		
Card No.:		(15 digits requir	red for Amex only)		
Expiry Date:	/				
Amount:		AUD / NZE		Receipt Required:	
Cardholder's	name:				
Contact phon	e number:				
FINANCE USE	E ONLY				
Transaction no					
Authorisation r	no				

Approved By: Director, Resources

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