

**FORM**

<b>Subject:</b>	<b>Credit Card Payment Form</b>	<b>Ref. No.</b>	<b>RES_FIN_063</b>
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*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 DETAILS**

**Card Type:**  Visa           Master Card           Amex

**Card No.:**      
(15 digits required for Amex only)

**Expiry Date:**  /

**Amount:** \_\_\_\_\_ **AUD / NZD**  
(please circle)

**Receipt Required:**

**Cardholder's name:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

<b>FINANCE USE ONLY</b>	
Transaction no.	_____
Authorisation no.	_____