



Credit Card Authorization Form International Student

Student Name:	Student Number:
Student Signature:	Phone Number:
Email Address:	

Credit Card Authorisation

I / We request Evolution Systems for Training and Development Pty Ltd Trading as Evolution Hospitality Institute to arrange the deduction of funds from the Visa/ MasterCard/AMEX (American Express) for the amount as described on the form below.

***Please note that 1.2% for all Visa/Master Card, 2% for AMEX/Union Pay Surcharge Applied.**

Credit Card Number: _____

Name of Cardholder.....Expiry Date __/__/__ CCV

Type of Card (please tick appropriate box)

Amount \$ _____ as per Letter of Offer and/or Tax Invoice

I / We acknowledge and authorise **Evolution Systems for Training and Development Pty Ltd** to deduct the appropriate funds to cover this request.

Card Holders Signature Date

If this is not the student's credit card, what is the cardholder's relationship to the student?

Agent Parent Friend Other _____

Privacy Disclaimer: All documentation of your CCV Number will be destroyed upon processing.

Please return Credit Card Authorization Form to: Email: accounts@evolution.edu.au

For more information please contact Accounts Department on +61 (02) 8275 5300.

Terms and Conditions

The following terms and conditions govern the Credit Card Authorization Form between you and Evolution Hospitality Institute (EHI). It should be read in conjunction with Evolution Hospitality Institutes'

- FEES, CHARGES and REFUND Policy
- International Student Handbook

Both these documents can be located at Evolution Hospitality Institute website: www.evolution.edu.au

ADMIN USE ONLY

Total Amount (Incl Surcharge): \$ _____

Payment processed

File with receipt