



# Credit Card Payment Authority

Please complete the details below and return to:

## FAX TO: 08 9370 1722

Sally Jetson & Associates  
 PO Box 243  
 Mt Lawley WA 6929  
 Ph: 08 9370 4014 Fax: 08 9370 1722 info@jetson.net.au



***I hereby authorise Sally Jetson & Associates to charge this credit card as follows:***

Course Title	Course Registration Fee \$ _ _ _ _ . _ _
Cardholder Name <i>(please print)</i>	
Credit Card Type	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Credit Card Number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Expiry Date	_ _ / _ _
3 Digit Card Security Code <i>(last 3 digits of number on back of card)</i>	_ _ _
Authorising Officer Details <i>(please print)</i>	Name _____ Position _____ Phone _____      Email _____
Address Details	Street Address _____ Suburb _____ State _____      Postcode _ _ _ _ _
Postal Address <i>(if different from above)</i>	PO Box _____ Suburb _____ State _____      Postcode _____
Cardholder's Signature <i>(this signature must be same as the signature on the credit card)</i>	
Date of Authorisation	_ _ / _ _ / _ _ _ _

Sally Jetson & Associates will keep all information on this form confidential and only use it for the express purpose of this transaction. For more information refer to our Privacy Policy at <http://www.jetson.net.au/Privacy.html>