AUSTRALIAN HIGH COMMISSION CREDIT CARD AUTHORISATION FORM

Please print and complete this form clearly in BLOCK LETTERS. Sign and send it with your application.

Type of Card (Check one	e): VISA	MASTER	CARD			
Card Number:						
Expiry Date:						
CVC (3 digit number on I	back of card):					
Name as it appears on the	ne card:					
Billing address of this ca	rd:			-1		
Check items to be charge	ed to the card:					
Application fee	Lost/Stol	Lost/Stolen fee		ge	Notarial fee	
Note: Application fee: Includes Postage Fee: Unless col Registered Mail. If prefer either Canada Post or co	lected in perso rred, you can p	on, passports an provide a prepaid	nd documents d self-addres	are returned l	oy Canada Post	from
Signature:						
		I agree to pay for the goods and/or services indicated, and agree to perform the obligations set forth in my agreement with the card issuer.				
Date:						