Ozford
Credit Card Payment Form

STUDENT DETAILS

Student Number ..... **Date of Birth** ..... / ..... / .....

Surname ..... **First Name** .....

Course ..... **Starting Date** ..... / ..... / .....

Contact Person ..... **Contact Number** .....

I AUTHORIZE OZFORD COLLEGE TO CHARGE

Card Type ❑ Visa ❑ Mastercard ❑ Bank Card

Name on Card .....

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **CCV Number** ☐☐☐

Expiry Date (MM/YYY) ..... / .....

TOTAL AMOUNT PAID $ .....

Signature ..... **Date** ..... / ..... / .....

Please return completed payment advice to:

Ozford College

Fax : +61 3 9662 9223

Email: cashier@ozford.edu.au

Ozford College, Ozford English Language Centre and Ozford College of Business are trading names of Ozford College Pty Ltd, Ozford English Language Centre Pty Ltd and Ozford Business College Pty Ltd.

All correspondence to:
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Ozford English Language Centre
ABN 35 100 454 475
CRICOS Provider Code No. 02501G

Ozford College
ABN 41 102 265 225
Registered School No. 2016
CRICOS Provider Code No. 02427A

Ozford College of Business
ABN 82 106 243 378
RTO No. 2016
CRICOS Provider Code No. 02573B

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