



## CREDIT CARD PAYMENT FORM

Please submit your completed Credit Card Payment Form to Le Rosey Hospitality Institute Finance Office or email to [ar@lerosey.edu.au](mailto:ar@lerosey.edu.au). Le Rosey Hospitality Institute accepts the below types of card for payments. A 2% transaction fee is applied on top of the payable amount for all card payments. The minimum amount for card payment is \$50.00.



Eftpos | Mastercard | VISA

For payment with a card in person, please visit Le Rosey Hospitality Institute Finance Office.

For payment with Credit Card details, please complete the below required information and return it to Le Rosey Hospitality Institute Finance Office or email to [ar@lerosey.edu.au](mailto:ar@lerosey.edu.au). This authority provides Le Rosey Hospitality Institute with the approval to charge the credit card account.

First Name:			
Last Name:			
Student ID (if Applicable):			
Address:			
	City/Suburb:	State:	Postcode:
Phone number:			
Email:			

### CREDIT CARD PAYMENT DETAILS:

<b>Card Number:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>CVV*</b> (Card Verification Value) / <b>CVN</b> (Card Verification Number):	<input type="text"/> <input type="text"/> <input type="text"/>	<b>Expire Date:</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	<small>CVV: For Visa/Mastercard, the three-digit CVV number is printed on the signature panel on the back of the card.</small>		
<b>Credit Card Type:</b>	<input type="radio"/> Mastercard <input type="radio"/> VISA		
<b>Amount to be debited in AUD \$:</b> <small>(excluding 2% card transaction fee)</small>			

I authorize Le Rosey Hospitality Institute to debit my credit card with the amount shown above plus 2% card transaction fee.

**Cardholder's Name: (Please Print)** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ (DD)/ \_\_\_\_ (MM) / \_\_\_\_ (YYYY)

FINANCE DEPARTMENT ONLY			
<b>Receipt No:</b>		<b>Amount in AUD\$:</b> <small>(After 2% Transaction fee)</small>	
<b>Payment Processed by:</b>		<b>Date:</b>	/ /