

> Credit Card Authority

Thank you for registering to attend our training course.

If you wish the amount payable to be debited to your credit card, please complete this authority and return by:

- > fax to 1300 852 970
- > email to training@ohsa.com.au
- > return mail to: OHSA Occupational Health Services Australia, PO Box 336 ELANORA QLD, 4221, AUSTRALIA

If you have any enquiries regarding the training course, please contact us on

- > P: 1300 647 200
- > E: info@ohsa.com.au

(please note, a fee of 1.6% surcharge will apply to credit card payments)

BILLING DETAILS

I, the Cardholder, authorise OHSA Occupational Health Services Australia to debit this credit card for the amount and service as outlined below:

Note: This information is available on the participant(s) enrolment confirmation advice and invoice.

Invoice Number:	
Master ID:	
Organisation:	
Participant(s) Name:	
Contact Telephone Number:	
COURSE DETAILS (if known)	
Course Name:	
Course ID:	
Course Date:	
CREDIT CARD DETAILS	
Credit Card Number:	
Total Amount Payable:	Visa Mastercard Bankcard Total Amount
Security Card Number:	<i>three digit number? Learn more</i>
Expiry Date:	
Cardholder's Name:	
Cardholder's Signature:	
Contact Telephone Number:	

