

Payment of Fees by Credit Card

09.01

When payment is being made by credit card, this form must accompany either your application for assessment form or any written request in which a fee is applicable.

Your Details

Title (Mr/Ms)	<input type="text"/>	APC Reference Number (<i>if known</i>)	<input type="text"/>
First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>		
Email	<input type="text"/>		

Credit Card Details

I request the Australian Pharmacy Council Inc to arrange for AUD\$ _____ plus an additional \$10 processing fee to be debited from my nominated credit card as follows:

Credit card type: Visa Mastercard (Please note: Visa & Mastercard are the only accepted types of Credit Card)

Credit Card Number:

Expiry Date: /
Month Year

Name appearing on Credit Card: _____

Signature of Cardholder: _____

Date: _____