

## Authorisation to Debit Credit Card

Date:

To:

From:

Please complete and fax to 021 462 3544

Please debit my		
Master Card	Visa Card	Maestro Card
for the amount of _____		
For the _____ Course.		
Credit Card Number : _____		
Last 3 Numbers on back of card :   __ __ __		
Expiry Date (mm / yy) :   __ __ / __ __		
Bank : _____		
Full Name : _____		
Signature : _____		
ID Number : _____		

Please Note:

CTSP does not accept American Express or Diners Club cards.

Our apologies for any inconvenience this may cause.