



CREDIT CARD AUTHORISATION FORM

We/I hereby authorise the University of the Free State to deduct the amount of from our/my credit card.

Please fax the completed form to: +27 51 4445945

Please charge my credit card: Visa Euro-MasterCard

Card Number: _____ .

Expiry date . _____ .

CVC number (last 3 numbers on the back of your credit card): . _____ .

Name of cardholder: _____ .

ID/Passport Number: _____ .

Telephone: _____ .

Signature cardholder: _____ .

Date: _____ .