

Private & Confidential

Credit Card Details

(For use at the St Vincent's College Uniform Shop)

I/We give permission for our daughter/s to use our credit card/s at the College Uniform Shop.

Surname: _____

Student/s Name/s: _____

Address: _____

Cardholders' Name: _____

Type of cards accepted: **Bankcard** **Mastercard** **Visa** **Amex**

Card Number:(1) _____

Type of Card: _____ Expiry Date: ____ / ____

Card Number:(2) _____

Type of Card: _____ Expiry Date: ____ / ____

Phone (daytime): _____

Signature of Cardholder/s: _____ Date: ____ / ____ / ____

_____ Date: ____ / ____ / ____

**Please return this form to:
St Vincent's College Uniform Shop
1 Rockwell Crescent
Potts Point NSW 2011
Fax 9368 0860**