



Alliance Française

Adélaïde - Australie

Credit Card Authorisation Form

Credit Card Information:	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX
Cardholder Name:	
Card Number: (as shown on card)	— — — — — — — — — — — — — — — —
Expiry Date (mm/yy):	— — / — —

I, _____, authorise Alliance Française d'Adelaide Incorporated to charge my credit card above for agreed upon purchases. I understand that my information will be save to file for future transactions on my account.

Customer Signature

Date