TAX INVOICE

ABN 60 520 638 745

Student Name: _____

Please Print

Application Fee (non-refundable)

Amount: **$20.00 inc GST**

Cash: .....

Cheque: .....

Credit Card: ☐ Mastercard ☐ Visacard

Expiry Date: .....

Card Holder's Name: .....

Signature: .....