

## **One Time Credit Card Payment Authorization Form**

Please Sign and complete this form to authorize Milcom Communications Pty Ltd T/A Milcom Institute to make a onetime debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

	_ authorize Milcom Institute t	o charge my credit card
(full name)		
account indicated below for	on or after	This payment is for
(am	ount) (	date)
	·	
(description of goods/services)		
Billing Address	PI	hone#
City, State, Zip	E	imail
Account Type: 🗌 Visa	MasterCard AM	EX Discover
,, <u> </u>		
Cardholder Name		
Account Number		
Expiration Date		
CVV2 (3-digit number on back of \	/isa/MC, 4 digits on front of A	MEX)

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

MILCOM Communications Pty Ltd trading as MILCOM Institute | RTO No. 6859 | CRICOS Provider No. 03491G

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