

Organisation or Individual details

Name: _____

Address: _____

Postal address: _____

Invoice address: _____

ABN: _____ Email: _____

Telephone: _____ Fax: _____

Contact name: _____ Mobile: _____

Course details

Course name : _____

Course date: _____

Course location :

Access Training Centre

Customers Premises

(Please advise if course location is different to above address)

First name	Surname	Date of birth	CITB ID number	Post code

Student details: Please state if any of the students listed has any special needs? (i.e support for literacy, disability or medical condition) No Yes =

Method of payment

Cheque enclosed made payable to Access Training Centre Pty Ltd (7 La Salle St, Dudley Pk. SA)

Money order enclosed. Sent to Access Training Centre Pty Ltd, 7 La Salle St, Dudley Pk. SA

Please invoice organisation, purchase order number (copy attached) _____

I authorise you to take payment from my Bank Card / MasterCard/VISA / American Express card

for \$_____ Signature _____ Cardholder's name _____

Card number _____ Expiry date __ / __ / __

Authorisation (must be a manager with financial authority)

I have read and agree to Access Training Centre terms and conditions page attached.

Name: _____ Signature _____ Date _____

For official use only: Enrolment number: _____ Invoice number: _____

Please fax back to: 08 8269 1411