St Philip's College

Credit Card Convenience

Date: _____

Description:_____ Amount: $_____

Student's Name: _____ Year level: _____

Please debit to my account (tick one) ☐ Mastercard ☐ Visa

Cardholder's Name: _____ Expiry Date: _____

Cardholder's Signature: _____ Phone: _____

St Philip's College
Schwarz Crescent, PO Box 33, Alice Springs NT 0871
Ph: (08) 8950 4511 Fax: (08) 8950 4522 Email: accounts@stphilips.nt.edu.au
www.stphilips.nt.edu.au

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