

EXTENSION REQUEST FORM

- PAYMENT AUTHORISATION



The National Finance Institute

Phone 1300 765 400 Fax 07 3822 6003

Trainee Details		Name:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	Post Code:	<input type="text"/>
Telephone:	Bus. Hrs: <input type="text"/>	After Hrs:	<input type="text"/>
E-mail:	<input type="text"/>	Mobile:	<input type="text"/>
Course			
(Please tick)	<input type="checkbox"/>	I have enrolled in a course with The National Finance Institute and request an extension in time of up to 3 months in which to submit my assessments. I understand the extension request fee is \$99 and I wish to pay for this extension as below.	
Payment			
Total fee:	<input type="text" value="\$99.00"/>		
Credit Card:	Type: (Amex/Visa/Diners/MasterCard, etc.)		
Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name on Card:
Cardholder Signature:	Date:
Your credit card will be debited by the amount above and your tax invoice / receipt will be forwarded by mail, to your address as above, once full payment has been made. Your signature below acknowledges acceptance of this arrangement.			
OR, Tick here if payment has been made by PayPal:	<input type="checkbox"/>	OR if cheque enclosed:	<input type="checkbox"/>
<small>Important Notice To Applicants For Credit (Section 18(E)(1) Privacy Act 1988 / Notice of disclosure of your credit information to a credit-reporting agency. (Privacy Act 1988) . NFI may give information about you to a credit reporting agency, for the following purposes: Where NFI is a current credit provider to you and payment is overdue by more than 60 days or following notice given to show that your intention is not to comply with your credit obligations. This information may be given before, during or after the provision of credit to you.</small>			
Signature:	<input type="text"/>	Date:	<input type="text"/>

All information provided by the applicant on this form is subject to the Privacy Act 1988

Please forward this page to NFI

By facsimile to **Fax: (07) 3822 6003** OR By email (scan) to christine@financeinstitute.com.au

Or mail to: **PO Box 1354, Capalaba Business Centre, Brisbane Qld 4157**