

Credit Card or Direct Deposit Payment



EMPOWERING THE FUTURE
Engineering. Equipment. Training.

Bill To: Company OR Individual

ABN: _____

Company/Individual Name: _____

Billing Address: _____

Contact Phone (Accounts): _____

Contact Email (Accounts): _____

Course: _____ **Date:** _____

Do you require a Tax Invoice/Receipt? Yes No

Card Type: Visa Mastercard

Card Number / / /

Expiry Date /

CCV No:

Amount: _____

Name on Card: _____

Cardholders Signature: _____

Date: _____

Direct Deposit Details:

Account Name: LDO Group Training Pty Ltd

BSB: 062 813

Acct: 1045 3965

Terms: Net 7 days

For Direct Deposits please email remittance to accounts@ldo.com.au