COLLEGE SHOP ORDER FORM

PERSONAL DETAILS

STUDENT NAME:	STUDENT ID:
CONTACT NUMBER:	DATE:

PLEASE REFER TO THE LIST AVAILABLE ON THE COLLEGE WEBSITE FOR PRICES

ITEM	SIZE	PRICE	QTY	TOTAL
TOTAL:				

CREDIT CARD AUTHORISATION

Credit Card Details

Card Type: VISA OR MASTERCARD ONLY

Card Number: _____ Expiry Date: _____

Card Holder's Name: _____ CCV: _____

Card Holder's Signature: _____ AMOUNT: _____

This form can be brought to the Shop or emailed to the address below.
Once payment is processed this form will be shredded.
A receipt will be issued for goods purchased.
Please retain the receipt for exchanges or refunds as per the College Shop refund policy.

Contact us Ph: 07 3262 0251 Email: collegeshop@clayfield.qld.edu.au