

CREDIT CARD AUTHORISATION



Card Type: Visa/ MasterCard

Name as appears on the credit card: _____

Company/Business Name if applicable: _____

Instructed to take payment by (if different from card holder):

Telephone Contact Number _____

Total Amount debited to the credit card \$ _____ for the following:

Details	Amount

Send Receipt **YES / NO** (please circle & provide details) –

Payment Details Recorded By: _____

OFFICE USE

Receiving Officer: _____

Date: _____

DESTROY AFTER PROCESSING

Card Number: - - -

Expiry Date: -

Security (check) Number: