



**AUTHORITY FOR PAYMENT  
BY CREDIT CARD**

**DATE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ACCOUNT:** \_\_\_\_\_

**CARD DETAILS:**

**CARD NUMBER:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**EXPIRY DATE:**

\_\_\_\_\_

**AMOUNT OF PAYMENT**  
(NB Please Include Card Surcharge)

**INVOICES PAID**

**\$** \_\_\_\_\_

\_\_\_\_\_

**AUTHORISED BY:**

**SIGNATURE:** \_\_\_\_\_

**NAME (Printed):** \_\_\_\_\_

Please fax to (07)5535 6911 for payment

**MASTERCARD AND VISA ATTRACT A 1.5% SURCHARGE**