

# Credit Card Payment Authorisation Form

F-2.0.5



Authorisation to Pay:  By Fax  
 Over the Phone  
 Other (Please specify) \_\_\_\_\_

Card Type:  VISA  MasterCard

Credit Card Number:

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Credit Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Card Holder Name: \_\_\_\_\_

Amount of Payment

AU \$ \_\_\_\_\_

In Words: \_\_\_\_\_

Name of Organisation Authorised to Charge the Card:

\_\_\_\_\_

Name of Payment:

\_\_\_\_\_

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Date