

CUSTOMER CREDIT CARD PAYMENT AUTHORITY

Customer Code: _____

Company: _____

Address: _____

State _____ Post Code _____

Contact Name: _____

Phone: () _____

Credit Card Details:

Card Type: Bankcard / Visa / MasterCard

Card No: _____

Expiry Date: _____ / _____

Amount: \$ _____

Name of Cardholder: _____

Cardholder Signature: _____

Invoice Number(s) _____

Receipt Required: Yes No
Please circle

Please fax back to Accounts Receivable on (08) 8303 6601.