



**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