

CREDIT CARD PAYMENT AUTHORITY
(Mastercard or Visa only)

*Please fill in and sign this form and then return it to us, or fax to
(02) 9570 8011*

Client Name: _____

Client Number: _____ Invoice Number: _____

Please debit my Mastercard Visacard \$ _____

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Expiry Date: _____ / _____

Cardholder Name: _____

Signed: _____