

CREDIT CARD AUTHORITY

Name of Applicant:-	
Venue / Premises:-	
Name on Credit Card:-.....	
Acceptable Credit Cards (please tick):- MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>	
Credit Card No _____ / _____ / _____ / _____	Expiry Date ____ / ____
Signature of credit card holder:-	
Card Verification Number (last 3 digits on signature panel) ____ _	
Total amount to be debited	\$ _____

(Office use only)

PAYMENT NO:-		ENTERED BY:
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Liquor and Gaming Contact details

Hobart

80 Elizabeth Street, HOBART
G P O Box 1374, HOBART

Ph: (03) 6233 2475
Fax: (03) 6234 1728

Launceston

Henty House, 1 Civic Square, LAUNCESTON
P O Box 972, LAUNCESTON

Ph: (03) 6336 2261
Fax: (03) 6336 2799