

CREDIT CARD AUTHORITY

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	
Total amount to be debited	\$

(Office use only)

PAYMENT NO:-		ENTERED BY:
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Mailing address:

PO Box 972, Launceston 7250 **OR**
GPO Box 1374, Hobart 7001