

## 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 ____ / ____
Card Verification Number (last 3 digits on signature panel)	_____

Signature of credit card holder:-	
Total amount to be debited	\$ _____

(Office use only)

PAYMENT NO:-		ENTERED BY:
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### LIQUOR AND GAMING CONTACT DETAILS

Salamanca Building Parliament Square  
4 Salamanca Place HOBART TAS 7000  
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