

FORM TRIM 14/14258

(FS-FO-304) CREDIT CARD AUTHORITY FORM

Company Name:						
Contact Name:						
Address:						
Town:	Postcode:					
Phone:	Facsimile:					
I hereby authorise Griffith City Council to charge my Credit Card for \$						
TOTAL	<u>\$</u>					
Please tick appropriate boxes:						
Visa	Mastercard					
Clearly Print Name on Card:						
Card Number:						
Expiry Date: CCV (last three digits on back of your card):						
Cardholder Signature:						
(Your signature is required by law to process a credit card payment)						
Reference:						
Attention:	_					
Return Fax to:	02 6962 7161					

Approved: Services Coordinator	Group / System:	Financial Services		Document ID: FS-FO-304	Version: 2
Relevant To:	Date Issued:	14-Oct-09	Revised:	Status: Approved	Page: 1 of 1