



(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 \$ _____

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**