

Credit Card Authorisation

www.claremont.wa.gov.au

toc@claremont.wa.gov.au

This form is to be completed by the card holder, or designated officer of the Town if received over the phone.

I hereby authorise the Town of Claremont to debit the credit card identified below.	
For the amount of \$ _____ (total amount due)	
Payee Details	
Mr/Mrs/Miss/Ms Surname:	Given name/s:
Company Name / Trading Name:	
Address:	
Billing Address: (if different from above):	
Phone:	
Cardholders Signature:	
(Leave blank if received over the phone)	
Credit Card Information	
Credit Card number:	
- - -	
Expiry date:	Security number: Credit Card type:
/	☐ Visa ☐ Mastercard
Name on Card:	
Signature:	
Office use only	
Received by:	
Authorised by:	Signature:
Date:	Invoice no:(if applicable)