

# Credit Card Authorisation

[www.claremont.wa.gov.au](http://www.claremont.wa.gov.au)

[toc@claremont.wa.gov.au](mailto: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)	
<b>Payee Details</b>	
Mr/Mrs/Miss/Ms	Surname: _____ Given name/s: _____
Company Name / Trading Name: _____	
Address: _____	
Billing Address (if different from above): _____	
Phone: _____	
Cardholders Signature: _____ <small>(Leave blank if received over the phone)</small>	
<b>Credit Card Information</b>	
Credit Card number: _____ - _____ - _____ - _____	
Expiry date: _____ / _____	Security number: _____ Credit Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Name on Card: _____	
Signature: _____	

<b>Office use only</b>	
Received by: _____	
Authorised by: _____	Signature: _____
Date: _____	Invoice no:(if applicable) _____