

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:		
Credit card surcharges apply as per the current Schedule of Fees on the Town's website.		

Office use only		
Received by:		
Authorised by:	Signature:	
Date:	Invoice no:(if applicable)	