



AUTHORITY TO USE CREDIT CARD

Card Type:  

Card Number:

Expiry Date: / Verification Code:

Please debit my account of an amount not exceeding \$ _____
for the following item(s) / Invoice Nos.:

Name: _____

Address: _____

_____ Tel: _____

Signature: _____ Date: _____

Office Use: Attach credit card receipt to this Authority & return to Dandenong

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