



CREDIT CARD AUTHORITY

ATTENTION: _____ **DATE:** _____

FAX: +61 - 2- 9327 - 0667

FROM: _____

Please complete the following, providing us with authority to debit your credit card and then fax this form back to +61-2-9327-0667.

As per our invoice and booking terms & conditions a **credit card merchant fee of 2%** applies for payments by **Visa & Mastercard**. A **3% merchant fee** applies for payments by **Diners or American Express**. This figure will be added to the total transaction. Your signature below acknowledges acceptance of these terms.

Card type – please tick:

Visa	<input type="checkbox"/>	American Express	<input type="checkbox"/>
Mastercard	<input type="checkbox"/>	Diners	<input type="checkbox"/>

Security Code: _____

*The Security Code is the last 3 digits of the number that appears on the back of your card.
Amex cards have a 4 digit number found on the top right of the Amex # on the front.*

Name on Card: _____

Card Number: _____

Date of Expiry: _____

Authorised Amount: _____

Payment for: _____

Cardholder's signature: _____

Please ensure all the details supplied are correct and that you have signed the form in the appropriate position.
Please ensure you have read the Terms & Conditions of our Booking Form and invoice.